

THE AMA NEWS

published by The AMERICAN MEDICAL ASSOCIATION

March 23, 1959

The Newspaper of American Medicine

Capsules of the NEWS...

Tax Ruling: U.S. Court of Appeals held that a physician employed by VA, who for convenience of his employer was required to accept living quarters on employer's premises as a condition of his employment, was entitled to exclude the rental value of such premises from his gross income, regardless of whether the value of rental quarters was considered part of his compensation.

Union-Busting: A union of hospital employees has accused the Greater New York Hospital Assn. of heading a "union-busting conspiracy" in the city's voluntary hospitals. Fred K. Fish, hospital association president, said recognition of union as collective bargaining agent would open possibility of strikes, work stoppages. This would "jeopardize" care and protection hospitals give their patients, he said. Union says it has organized 7,500 employees in city's 81 voluntary hospitals in last two months.

Poliomyelitis: Medical scientists fear there will be a rise in polio this summer because 98 million Americans have had no Salk vaccine. Not more than half of 24 million children under six have received full series of shots. Last year incidence of paralytic polio rose 44% over 1957.

Medical Privileges: New Mexico Supreme Court held that the decision of a private hospital to deny medical and surgical staff privileges to a physician was not subject to judicial review. In this case Court held that a hospital financed in part by county bond issue, and in part by a county hospital assn., and operated by hospital assn. pursuant to lease from county commissioners was a private hospital.

VD Cases: During the past year, increases in teenage VD were reported in 27 states, two territories, 39 major cities. American Social Hygiene Assn. said probably three cases are undiagnosed for every one that is brought to diagnosis. For country as a whole, gonorrhea showed increase of 3,715 cases in 1958 over '57, syphilis a slight increase from 6,283 in '57 to 6,685 last year.

Legislation: Scores of bills of interest to the medical profession have been introduced in state legislatures. See story page 6.

Union Abandons Closed Panels as 'Antiquated'

Court Puts Limits On Chiropractors

An injunction listing the practicing limits of Wisconsin chiropractors has been issued by Circuit Court Judge M. Eugene Baker, Kenosha.

The injunction was prepared by Wisconsin's attorney general against Robert L. Grayson, Kenosha chiropractor. The attorney general started the test case in Judge Baker's Court on the issue in 1956.

When the case reached the Supreme Court last fall, the high court upheld the right of the state to issue the injunction, and returned the case to Judge Baker for disposition.

The injunction forbids a chiropractor to:

- Use the title "Doctor" or "Dr." in describing himself, or the abbreviation "D.C." on his stationery.
 - Puncture the skin or take blood samples.
 - Suggest or advise a course of diet or corrective dietary habits.
 - Prescribe, suggest, advise or dispense food supplements or vitamins, "except that defendant may supply supplemental food for nutritional purposes in original containers."
 - Render "alleged psychosomatic" counseling to his patients.
 - Use any of these machines: DeWells Detoxicolon, Therapy, Plasmatic machine, Raylax table, Myofasciatron low volt generator, Landum lamp, Heartometer, Electrosonic instrument.
 - Make a medical diagnosis, except that he may make "a chiropractic analysis of the patient's condition, and may communicate his belief to the patient."
- In general, Judge Baker ruled, a chiropractor may use massage machines on the condition they are employed only for preparing the patient for manual therapy. Other machines may not be used, except the X-ray and the "microdynameter."

House, Senate Pass Draft Extension Bill

A four-year extension of the draft act, including physician draft provisions, has passed the House and Senate and now awaits the President's signature.

The bill states that MDs who have received educational deferments are subject to call to their 35th birthday, other registrants are free of obligation at age 26.

Medical officers would receive an extra \$100 to \$250 a month incentive compensation based on years of active duty.



UPI Photo
A HEART IS COOLED by dehydration to a temperature just above freezing point during study at Massachusetts Institute of Technology. The study by (left to right) Dr. Stanley W. Jacob, Samuel C. Collins, and Dr. Ernest M. Bersamian, is being made to learn how to preserve human hearts in "banks" against the day when organ transplants can be successfully accomplished. Project is sponsored by Heart Fund.

Keogh Measure Passes House

The Keogh Bill, which would permit physicians and other self-employed to defer income taxes on a part of their income if placed in retirement funds, has passed the House without a record vote. The measure now goes to the Senate Finance Committee.

Last year the bill passed the House by an overwhelming vote, but was received in the Senate too late for hearings to be held.

The bill would permit self-employed to place 10% of annual income or \$2,500, whichever is the lesser, in retirement funds. Over a lifetime the set-aside limit is \$50,000.

The legislation is sponsored by Rep. Keogh (D., N.Y.).

Trustees of a large union health-welfare plan have decided to abandon two closed panel clinics because they now are convinced that the best medical care can only be provided when there is free choice of physicians and hospitals.

The complete reversal of union health care trends was made this month by Chicago Truck Drivers, Chauffeurs and Helpers Union, Local 705 (Ind.), whose 9,500 members have 35,000 dependents.

In explaining the decision to close the six-year-old clinics, in favor of a new union health plan which allows free choice, Edward Fenner, the union's Columbia University-educated executive director, told *The AMA News*:

"The so-called closed panel method of maintaining medical clinics and making them available is antiquated.

Free Choice: "We believe members should have the right to choose their own physicians and hospitals rather than have this dictated to them. Only in this way will they seek adequate treatment and, therefore, have the best possible medical care."

Fenner also said he hopes the United Mine Workers "will go back to a plan giving the members free choice of physicians."

Asked about rumblings by steelworkers and autoworkers that they may also adopt a closed panel system for their health care program, Fenner exclaimed:

"That would be a gross error!"

According to the labor leader, one of the reasons for the union clinic failure in Chicago was that the people were spread over a wide area and transporting them to the health centers was not practical.

Labor Leader Praised: Dr. Charles E. Thompson, the union's medical consultant, said a basic reason for the change was that the members "wanted to go to their own doctors."

Dr. Thompson praised Fenner in this way:

"He is an extremely responsible la-

(See Union, Page 2)

Have a Knotty Problem?

In keeping with its policy of providing service to America's physicians, *The AMA News* is starting a new question and answer column.

Physicians are invited to submit to *The News* any questions they may have in the field of practice management, including public relations, fees, personnel, business or personal taxes and insurance, investments, office layout and decoration, building a practice, designing a medical building, and so on. Questions will be answered by

members of the Society of Professional Business Consultants, who are qualified to give professional advice in practice management.

A column of the questions and answers will be published in each issue of *The News*. Only the initials of the physician submitting the question will be used.

Editors of *The News* hope that physicians will take advantage of this new service by submitting questions now to: *The AMA News*, American Medical Association, 535 N. Dearborn, Chicago 10, Ill.

No Interference By Union Leader

Interference by laymen in medical matters is very unwise in union-sponsored third party medicine. Those hurt most by such tactics are the rank-and-file union members.

This statement does not come from a doctor, but a union leader whose experience in heading a major labor-health institute dates back 15 years.

He is Harold J. Gibbons, vice president of the Teamsters' International Union, and president-founder of Labor Health Institute of St. Louis.

No Interference: Participating recently in a panel discussion on third party medicine in St. Louis, Gibbons declared:

"We don't interfere in the medical staff appointments or in medical administrative problems (at the Institute). The medical director makes all decisions in those fields."

Ironically, one of the physicians taking part in the panel was Dr. Cyril S. Costello, assistant professor, Washington University School of Medicine, who recently was dismissed as medical director of the Medical Institute of Local 88, Amalgamated Meat Cutters and Butcher Workmen of North America (AFL-CIO).

The dismissal came after he charged interference by Nicholas M. Blassie, president of the union, in "matters having to do with the quality of medical care."

Rules for Protection: The third member of the panel was Dr. Eugene M. Bricker, associate professor, Washington University School of Medicine.

Dr. Costello asserted that the medical profession can only be protected in the operation of union-sponsored health centers if:

- The center has a full-time medical director who participates in all policy decisions.

- All phases of medical work are under supervision of the medical director.

- A plan of arbitration of all disputes is set up in advance to insure freedom from any improper outside influence.

In an earlier speech in St. Louis, Dr. Costello had urged the AMA to take steps against lay leaders of labor and industrial health centers who would destroy present high medical ethics.

Contract Suggested: He suggested that the AMA draw up a contract which would be signed by every physician who accepts employment in a group health program. The contract would make certain that there would be no lay interference in medical matters and that any dispute between medical and lay members will be settled through joint negotiations and then, if necessary, by impartial arbitration.

Dr. Bricker, who included Blue Shield-Blue Cross, private health insurance carriers, and union sponsored labor health plans as third party programs, said:

"The success of these privately sponsored programs has been the greatest deterrent to government controlled socialized medicine."

Money Management Tips for Doctors

Practical money management at home and office for physicians is the subject of an article which will appear in the next issue of *The AMA News*, April 6.



"It's one of those new miracle drugs."

Krebiozen Group Blamed for Delay

The American Cancer Society has reviewed the background of the alleged cancer drug, krebiozen, and declared that delays in a scientific test of the drug "now are clearly the responsibility of the Krebiozen Research Foundation."

ACS clarified the position of the scientific community regarding krebiozen in a 21-page report which reviewed the stormy seven-year history of the disputed drug. The report concluded:

- The National Cancer Institute of the U.S. Public Health Service is willing to evaluate krebiozen further but insists that it be done in a scientific manner.

- The Krebiozen Research Foundation, Dr. Andrew C. Ivy, chief advocate of the drug, and Dr. Stevan Durovic, alleged discoverer of krebiozen, have long claimed they have a useful tool against cancer. It is, then, their duty to cooperate in an objective test of the drug.

- Any further delays in a test of krebiozen will be the fault of the drug's backers.

Dr. F. J. L. Blasingame, executive vice president of the AMA, said the association "supports wholeheartedly the statement of the American Cancer Society regarding krebiozen."

As reported in a special article on krebiozen in the March 9 issue of *The AMA News*, Dr. Ivy has turned down NCI's proposal for a test by an "independent" group of scientists.

Dr. Ivy, contrary to the standards of scientific testing, insists on an "arbitration" committee of which he would be a member.

When he was asked for comments on the ACS statement, he said he was "not impressed" and asserted he would not back down from his previous stand.

The ACS report deplored the publicity technique of Dr. Ivy and the Krebiozen Research Foundation which have had "an unsettling effect on cancer patients, their families and friends, who question whether the extraordinary claims about 'krebiozen' are true." ACS added:

"The American Cancer Society hopes that the Krebiozen Research Foundation will recognize the integrity of the National Cancer Institute of the United States Public Health Service, respect its well-established methods and procedures, and that the Foundation will drop its demands for its own rules and procedures."

Progress, Problems Cited By Rural Health Group

The record of improved health care in rural areas during the past decade leaves no problems that cannot be solved by members of the communities working together.

This was the consensus of more than 500 representatives of rural communities attending the AMA-sponsored 14th National Conference on Rural Health at Wichita, Kan.

Progress in medical care was sketched by Dr. Franklin D. Murphy, chancellor of the University of Kansas; Dr. F. S. Crockett, Lafayette, Ind., chairman of AMA's Council on Rural Health; and Dr. Louis M. Orr, Orlando, Fla., president-elect of the AMA.

Dramatic Example: Dr. Murphy, reviewing the critical need for rural doctors and medical facilities in the late 1940's, said the situation has now been reversed and "rural America is quite as up to date in medical support as any other segment of our nation." He added:

"This great effort should be regarded . . . as one of the most dramatic examples of a free people working freely together to solve a public problem, and has involved the participation of all segments of our society."

Dr. Crockett pointed to the increasing number of hospitals which have been financed locally or with the help of Hill-Burton funds. He said "very few communities are more than 30 minutes away from this sort of help."

The present-day rural practitioner, Dr. Orr said, is "a first-rate medical force in the community and throughout the nation." He stressed advances in science and education:

"In the last 15 years his (the rural practitioner's) efficiency has risen 30%. Consequently, he is seeing one-third to three times as many patients as was done years ago, and he's giving them better medical care. In many instances one modern rural practitioner can do what 10 could not do at all 30 years ago."

Future Problems: The challenge to a free solution to future problems was stressed by Roy Battles, Washington, D.C., assistant to the master of the National Grange; Earl L. Butz, dean of agriculture, Purdue University, and Aubrey D. Gates, director of AMA's Division of Field Services.

Battles said the improvements in rural health have led to impatience for more first-class medical services. "We are going to get them," he said, "voluntarily or by another way. The question is, will we be able to get them voluntarily—fast enough?"

Dean Butz, noting the national "do-it-yourself" craze, said there is also a "growing disposition to look to the federal government to 'do it for us.'"

"Alert rural communities are mobilizing to meet their health and sanitation problems head on, with local leadership, sympathetic administration, and minimum cost," he said.

Citing the attempts to push the Social Security program into the field of medical care, Dean Butz said "the difficulty with the government undertaking a scheme like this is that there's no stopping point" and "the plan soon fails to be self-financing."

Problem of Aged: Gates said it would not be in the American tradition and would be "damaging to our self esteem and our dignity as individual human beings if we ever let the government or anyone else become the guardians and keepers of



MILK BREAK at National Conference on Rural Health, Wichita, Kan., is enjoyed by Laurance W. Price Jr. (left), a senior student at Kansas University Medical School; Mrs. William Foerschler of Abilene, a Rural Life representative; and Dr. E. D. Yoder of Denton, Price, whose home is at Columbus, Kan., is spending four weeks with Dr. Yoder under the Kansas Preceptorship Plan which serves to introduce students to practice in rural areas.

the welfare of any age group of our citizens."

He called on rural areas to take inventories "of the assets of the community in the form of its older citizens" and to utilize and, when necessary, care for the aged in the community rather than sending them to distant institutions.

Leaders in agriculture, education, religion, and medicine exchanged ideas during open discussions of problems ranging from school bus dangers to diseases of farm animals.

Union

(Continued from Page 1)

bor leader whose basic philosophy is to serve the people and not just create large cash reserves or build large buildings."

Significantly, the change was made even though the workers did not have to pay extra for medical care at the clinics, while the union's new plan involves a participating policy under which members and dependents will pay part of the cost.

Others Closed Clinics: The Chicago union's action was the third of its kind in the past few months. Last December, two Amalgamated Meat Cutters clinics in the New York City area closed their doors.

Fenner said he is very pleased that the Chicago Medical Society is co-operating with the new plan. The Society has a grievance committee to which the union's medical consultant can report any charges of abuse, either on the cost or quality of medical care.

An outstanding feature of the new plan is that it has scrapped a schedule of rates for medical treatment.

Other basic features of the new plan are:

- Members and dependents will have free choice of physicians and hospitals.

- Union pays 75% of medical and surgical costs incurred.

- A \$25 deductible for visits for non-surgical care per-family, per-year.

- No deductible for surgery. Plan pays the first \$25 for surgery and 75% of the cost in excess of \$25.

- Plan pays all hospital costs up to \$200 and then pays 75% of the charge above this amount.

A brochure explaining the new plan is being prepared. The new program will go into effect July 1, and the clinics will gradually cut down their functions and close for good at the end of the year.

NOW! Mutual of Omaha introduces nationally Hospital-Surgical Insurance for all Men and Women 65 and over regardless of past or present health

A great need has been met. A non-selective senior age hospital-surgical insurance plan has been introduced for the first time on the national level. It's called the Senior Security Policy, and it's offered by Mutual of Omaha, the Largest Organization of its Kind in the World.

Now all men and women 65 and over, including those with modest or reduced incomes, can get hospital-surgical insurance protection regardless of their past or present health. They can receive hospital coverage, convalescent coverage, surgical coverage, and coverage for specified "hospital extra" expenses.

Special senior age needs are met

The particular, special senior age problems were closely studied. Realizing that a longer recovery period is often required by those 65 and over, Mutual of Omaha has increased the hospital coverage to 60 days. Knowing the frequent need of senior citizens for further care following hospitalization, Mutual of Omaha also has made provision for convalescent or nursing home care. And recognizing the importance of miscellaneous coverage, Mutual of Omaha has provided benefits for specified "extra" expenses, including operating room, xrays, and blood transfusions. They pay up to \$1,000, covering 80% of the cost of these expenses, in excess of \$100.

How is this offer possible?

This offer is possible because it is similar in principle to group insurance. There is a specified period for enrollment, a single date when all policies are issued and become effective, and a scheduled time when all premiums are paid. The advantages of such a system—in



efficiency and economy—have thus enabled Mutual of Omaha to offer nationally this non-selective senior age policy.

To enroll, applicants must send their printed name, address, and birthdate, plus their signature, together with a check or money order for the first month's premium to Mutual of Omaha, Omaha, Nebraska. The cost is \$8.50 a month and checks or money orders are made payable to Mutual of Omaha. Applications must be mailed no later than midnight of the date the enrollment period closes.

Mutual of Omaha leads the way

The fact that Mutual of Omaha is the first organization to introduce a senior age hospital-surgical plan on a national level is in keeping with its fine record. The first company to pay out over one billion dollars in health and accident insurance benefits during its first 50 years, Mutual of Omaha has long been the established leader in its field. It is significant that now, again, Mutual of Omaha has led the way.

First, Mutual of Omaha introduced a plan, similar to the Senior Security Policy, in Texas, Louisiana, Oklahoma, and Georgia. Then, on the strength of the results obtained, Mutual of Omaha filed the Senior Security Policy in all

of the other 45 states. Currently the plan is available in: Ala., Alaska, Ariz., Ark., Colo., Conn., Del., D. C., Fla., Hawaii, Idaho, Ill., Ind., Kan., Ky., Me., Mich., Minn., Miss., Mo., Mont., Nebr., N. H., Nev., N. M., N. D., Ohio, Ore., Pa., R. I., S. C., S. D., Tenn., Utah, Vt., Va., Wash., West Va., Wyo., Ia., Wis.

Soon, Mutual of Omaha's Senior Security Policy will be available in all 49 states.

If you have any questions or request further information about the Senior Security Policy, write Mutual of Omaha, Senior Security Division, Omaha, Nebraska. Your inquiries are encouraged because a clear understanding of this plan is important to its success.

HERE ARE THE SPECIAL FEATURES

- A. No physical exam**—applicants do not have to take a physical exam to qualify.
- B. No health questions**—there are no health questions to answer.
- C. Longer coverage**—this senior age plan provides coverage for as long as 60 days in the hospital—not just 30.
- D. Better coverage**—no other senior age plan offers convalescent benefits.
- E. Policy good in any regular hospital, convalescent or nursing home**—anywhere in the world. Naturally, the policy does not provide benefits for treatment in any place used primarily as a clinic, rest home or health resort. In relation to this, services provided or paid for by the United States Government or any state or county tuberculosis, or mental institutions, are not covered since such services are normally provided without cost.
- F. There is no limit to the number of times benefits may be collected** for each hospital confinement due to a different accident or sickness. If confined more than once for the same or related cause, within a 6-month period, any benefits not used during the first confinement may be used for the second; however, benefits for hospital "extras" are payable only while a person is eligible for hospital room benefits. When confinements for the same or related causes are separated by 6 months or more, full benefits start over again.
- G. Covers both illness and injuries**—except those caused by war or covered by Workmen's Compensation or Employer's Liability Laws, alcoholism or drug addiction.
- H. Pays in addition to other insurance**—persons can carry any additional insurance they want and still receive Senior Security benefits. The only restriction is that they can have just one of Mutual of Omaha's Senior Security Policies.
- I. 10-day money-back guarantee**—if a person decides that he or she does not want to continue with the policy, it can be returned within ten days and the money will be refunded.

HERE ARE THE SPECIFIC BENEFITS

- 1. Pays hospital—convalescent—or nursing home benefits, up to a total of 60 days, in the following manner:** Pays up to \$10.00 daily room and board benefit while confined to the hospital. Pays up to \$5.00 per day for further care of the same condition while confined in a convalescent or nursing home when such confinements immediately follow at least 5 days in the hospital.
- 2. Pays from \$4.50 to \$225.00 for surgery,** regardless of where operation is performed—home, hospital or doctor's office. Benefits are paid on a scheduled basis and vary according to the nature of the operation. Although dental surgery, service or repair are not covered, a person can still receive room and board benefits if hospital confinement is necessary.
- 3. Pays additional hospital benefits up to \$1,000.00.** The policy pays 80% of the cost, in excess of \$100.00, for these expenses:

Operating room	Oxygen
Surgical dressings and casts	Anesthetics
Medicines and hypodermics	Xray
Blood transfusions	Laboratory services
- 4. Gives immediate protection** for accidents which occur, or sickness which originates after the issue date of the policy.
- 5. Persons are also protected** for conditions they had before policy was issued, provided the hospital confinement begins—surgical operation is performed—after the policy has been in force six months.

Mutual  **OF OMAHA**

V. J. SKUTT, PRESIDENT

MUTUAL BENEFIT HEALTH & ACCIDENT ASSOCIATION OMAHA, NEBRASKA

The Largest Organization of its Kind in the World



THE AMA NEWS

The Newspaper of American Medicine

published under auspices of the Board of Trustees

MARCH 23, 1959 • VOLUME 2 • NUMBER 6
Copyright 1949, by American Medical Association

Editorial Viewpoint

Inflation's Impact

One of the prime contributors to problems facing America's senior citizens is inflation—not the cost of medical care as the proponents of national compulsory health insurance would have us believe.

Contrary to some beliefs, inflation is not a Robin Hood that takes from the rich to give to the poor. Rather, it deals more cruelly with those who can least protect themselves.

Inflation shrivels the savings of our senior citizens, undermining their security, and impoverishing those dependent upon pensions and insurance. It discourages those who have tried to provide for their old age, making a mockery of thrift.

T. Coleman Andrews, former U.S. commissioner of internal revenue, recently made these points to show how inflation has victimized Americans:

- The federal government is spending eight times what it did in 1939.

- The federal tax collector has boosted his take to nearly 28 times the 1939 income tax and more than 10 times the social security tax.

- The cost of living has more than doubled—and is still going up.

- The value of the dollar has been reduced to well below 50c—and is still going down.

What has this done to the individual? Take, for example, a single man, age 64, earning \$2,000 in 1939. His take home pay then was \$1,975 after federal income tax. In 1957, the same amount of income after tax was worth only \$863. Taxes had increased by \$215, and inflation had taken \$897.

Today that same individual would have to earn \$4,806 to match a 1939 income of \$2,000—because the increase would have entailed additional taxes of \$755 and inflation already had taken \$2,051.

And the way things are going now, by 1975 an individual will need an income of \$10,538 to match a 1939 income of \$2,000, reports *Reader's Digest*.

It is obvious from these figures why the nest egg of many of our senior citizens has shrunk to practically nothing.

If Congress is really intent on doing something for the old folks, it will fight creeping socialism and spend-thrift tendencies which encourage inflation. To push through Congress the Forand Bill would further boost taxes by a staggering \$2 billion, according to conservative estimates. This would work further handicaps not only on our elder citizens but on young married couples now trying to provide for their old age.

On the other hand, if Congress curbs inflation by declaring a national policy for a stable dollar and by balancing the federal budget, everyone would benefit.

Families could save with confidence, knowing that the dollar they put away now would be worth a dollar in the future.

An employee's pay raise would be a raise in buying power and would not be eaten up by rising prices.

The government would need less money in taxes to pay for goods and services.

And more of our senior citizens then would be able to care for their own needs, including medical care, with dignity and self-reliance.

Quality Medical Care

There are lessons to be learned from the rift between the medical staff and the meat cutters union at the St. Louis Medical Institute.

When the chief of the medical staff charged interference by the union leader in "matters having to do with the quality of medical care," it was further evidence that it is the medical profession that is concerned with the quality of medical care for all patients.

And whenever there is interference by union officials or other non-medical lay administrators in strictly professional matters having to do with medical care and doctor-patient relationships, the end result can only be a deterioration in the quality of medical care.

That is one reason why some members of the medical profession look with suspicion upon such closed panel plans. Not that the St. Louis situation is re-

Inflation Shrinkage



peated in all other such programs, but St. Louis is proof that it can happen.

The St. Louis and St. Louis County medical societies are not opposed to patients financing medical care individually or through third parties, but they are opposed to interference or dictation of medical decisions. This is as it should be.

When a plumber, carpenter, or coal miner interferes in a medical decision it is akin to an MD telling a steel worker how to shape an ingot.

As Others See It

Krebiozen Controversy

The Chicago Daily News

The krebiozen controversy has stirred up an emotional furor that is easily understandable. The frantic desperation of cancer victims and their relatives welcomes any hope. Claims of the krebiozen backers, plus the reputation of its sponsor, Dr. Andrew C. Ivy, have persuaded many that "the medical trust" is for some vague reason trying to suppress a boon to mankind.

Such a belief is absurd. The American Cancer Society is dedicated to the eradication of this disease, as is the whole of organized medicine. The society has recognized that if krebiozen has merit as a cancer treatment it should be hailed with delight and made available to all. If it does not, the false hopes should be stilled and the bickering ended.

Close to the core of the krebiozen issue is the expressed determination of its discoverers and backers to recover an investment which they say amounts to \$2 million. This accounts for the secrecy surrounding the preparation and composition of the substance. It probably accounts also for some of the skepticism in medical circles.

The American Cancer Society has proposed a test of krebiozen on the same terms that any other new drug would receive.

In our opinion, the good faith of the cancer society is beyond question. We have no doubt that many medical authorities are prejudiced against Dr. Ivy and krebiozen, both for the flamboyant manner of its promotion and the negative reports by investigating medical authorities.

Nevertheless, the true scientific mind is always open to facts, and if the efficacy of krebiozen is indeed demonstrable, we do not believe that fact could be hidden.

Some of the results described by Dr. Ivy have been remarkable, but it cannot be forgotten that the rankest quacks can also produce testimonials.

The bitter controversy and back-biting that has been going on is disgraceful in a civilized society. In justice to cancer sufferers, to the community, and to the interests of medical science, the matter should be resolved. Either the discovery of krebiozen should be honored and rewarded, or it should be forgotten.

If nobody but Dr. Ivy can administer krebiozen successfully, it does not hold much hope. If any physician can use it with good results, there ought to be enough honorable and devoted ones around to whom Dr. Ivy can safely entrust his case. If he is unwilling to do this, we do not see how he can fairly protest the adverse conclusion of scientific opinion.

Nationalized Medicine

The Arizona Republic

The so-called medical care bill now before Congress is one of the most dangerous pieces of legislation submitted to Congress in recent years. It would push the door wide open to socialized medicine. It would boost the already skyrocketing social security taxes far beyond any level so far contemplated, but even these additional taxes would not pay the cost of the proposed services. It would give the Washington bureaucracy a chance to extend its hold into every state and create a tremendous number of jobs of paper-pushers and frustrated social welfare workers.

In its present form the bill, introduced by Rep. Aime J. Forand (D-R.I.), would provide medical care for old folks. . . . The next thing, undoubtedly, will be for the advocates of a welfare state to ask the government to provide medical services for young and middle-aged as well as the elderly. Right now 85% of the industrial workers of the country are covered by hospital and surgical insurance. . . .

Government medical plans are notorious for their tendency to grow and grow. Patients with imaginary ills rush for the doctors and the hospitals because "it's free." Of course, it isn't free. The taxpayers have to pay directly in increased social security payments and indirectly in other taxes which go to meet deficits in government spending. The doctors, snowed under by people seeking "free medical treatment," can't give the proper attention to those who really need it. So the quality of medicine goes down and the quantity of taxes goes up.

The so-called liberal bloc in Congress, composed of AFL-CIO supporters and left-wing Democrats and Republicans, will make a major effort to push the medical care bill through this session of Congress. They will make every possible emotional appeal on behalf of the elderly. They will ignore the fact that most Americans can care for their own medical needs, with the help of insurance, and that those who can't do so already receive excellent treatment in the nation's dispensaries and charity wards. They will pile new and unconscionable costs on the working and middle classes, and in the end they will force socialized medicine on a nation that does not want it, does not need it, and will not benefit by it.

The AMA News is published every-other-Monday by the American Medical Association, 535 North Dearborn St., Chicago 10, Ill. Telephone: WHitehall 4-1500. The Association, however, does not necessarily endorse all of the material appearing in The News.

Executive Vice President

F. J. L. Blasingame, M.D.
Business Manager: Russell H. Clark
EDITORIAL: Editor: Jim Reed; Managing Editor: Robert W. Riley; Associate Editors: Tom K. Mura, Marvin Rowlands; Editorial Assistant: Mildred Papak.

ADVERTISING: Advertising Manager: Robert J. Lyon; Advertising Production Manager: Walter H. Kimotek. Advertising Representatives: Lawrence S. Duncan, 635 North Dearborn St., Chicago 10, Ill.; Whitehall 4-1500; John L. Murphy, 475 Fifth Avenue—Room 1005, New York 17, N. Y.; ORegon 9-9383; Dale B. Clarke, 1919 Wilshire Blvd., Los Angeles 67, Calif.; HUbbard 8-3811.

CIRCULATION: Circulation Manager: Robert A. Enlow; Assistant Circulation Manager: Bernard F. Kroeger. The yearly subscription rate of The AMA News is: U. S. and Possessions \$3; Canada \$3.50; Other Foreign Countries \$5; Single Copy 15c. Printed in U.S.A. CHANGE OF ADDRESS: Please notify publisher at least six weeks in advance, including both old and new address, and a mailing label taken from the most recent copy. Include your new Postal Zone number, if you live in a second city.

Second-Class postage paid in Chicago, Illinois, and at additional mailing offices.
Please address communications and subscription orders to: The AMA News, American Medical Association, 535 North Dearborn St., Chicago 10, Ill.

Hypnosis Is Easy But Psychodynamics Comes First

The use of hypnosis should be taught in medical schools, but there is no need to devote an entire course to techniques.

This is the belief of Dr. Harold Rosen, Baltimore, Md., psychiatrist, who has been named chairman of AMA's new Committee on Medical Use of Hypnosis, Council on Mental Health.

Serving with Dr. Rosen on the committee are Dr. Zigmond M. Lebensohn, Washington, D. C., and Dr. Louis J. West, Oklahoma City, Okla.

Personal Opinion: Dr. Rosen, who explained his ideas on hypnosis during a recent interview with *The AMA News*, stressed that these were his personal views and do not necessarily represent the thinking of the committee which will try to implement the suggestions and ideas expressed in AMA's "Report on Medical Use of Hypnosis." He said:

"There is no difficulty in learning to hypnotize a person. Some individuals have been taught the technique in a half-hour, so why devote a whole course to it?

"Hypnosis should be regarded as one more valuable tool in the armamentarium of medicine. It should be introduced into a course wherever its use as a sedative, analgesic, or anesthetic may be of value.

"Thus, the use of hypnotism might be taught as part of instructions in obstetrics, orthopedic surgery, burn treatment, etc."

No Connection

The AMA's Council on Mental Health announces that the "American Board of Medical Hypnosis," which presumably has set itself up as a certifying body for physicians using the technique, is neither connected with nor approved by the AMA.

A notice concerning this "board" was published in the *Journal of the American Medical Association*, Jan. 3, 1959, but the Council said this does not in any way reflect AMA approval of the group.

The Council said it understands that "actually two or three such groups have been set up in the United States that seemingly allege in their announcements they are functioning in collaboration with the Association. . . ."

Psychodynamics: Dr. Rosen emphasized that a background in psychodynamics is essential for physicians who wish to utilize hypnosis. He is pleased that medical schools are doing more these days to give this type of instruction.

Dr. Rosen, himself, lectures on hypnosis to third and fourth year medical students at John Hopkins University School of Medicine.

For those who wish to utilize hyp-

nosis to a great extent in their practice, Dr. Rosen urged graduate work in psychodynamics (that is, the motivational bases of human behavior).

The psychiatrist deplored "quick courses" in hypnosis which are being offered by various traveling groups to physicians.

Caliber Questioned: "These courses may teach physicians how to hypnotize patients," he said, "but they can't give the background in psychodynamics so essential to anyone who wishes to utilize hypnosis."

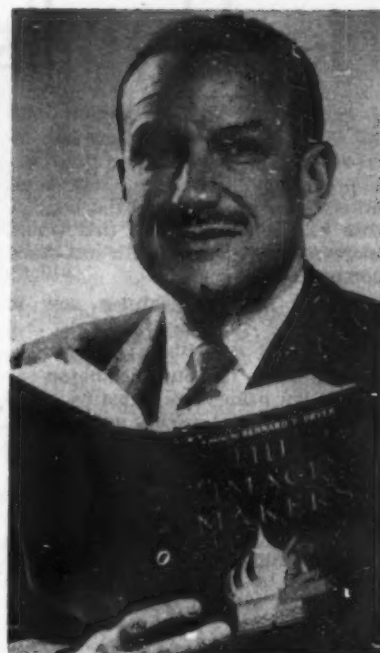
Dr. Rosen believes graduate courses in hypnosis should be conducted by medical schools with the tuition going to the school rather than to traveling groups.

"Physicians should remember that hypnosis is merely an adjunctive technique in therapy and that many other kinds of treatment are better in selected cases," he said.

Physicians Cautioned: Dr. Rosen cautioned all physicians to use hypnosis only within their general training in psychiatry.

He said that before a patient is hypnotized, he should be asked whether he is or has been under psychiatric treatment.

If there is a record of psychiatric treatment, the patient's psychiatrist should be consulted in order to determine whether a hypnotic trance induction could conceivably be of any danger to the patient.



MOVIE FANS soon will see "The Image Makers", based on the successful novel by Dr. Bernard V. Dryer, (above) research director of the audio visual and television laboratory, Western Reserve University, Cleveland. Glenn Ford and Kim Novak will star in the movie. It's the second movie made from a novel by Dr. Dryer.

Pesticide Booklet

How pesticides are used to protect food, property, and health is told in a new 64-page booklet entitled *Open Door to Plenty*. Prepared by the National Agricultural Chemical Assn., it may be obtained by writing to: Committee on Pesticides, American Medical Association, 535 N. Dearborn St., Chicago 10, Ill.

"...and some of the Army medical people gave us a fascinating study on missile workers—say, when did you pick up this new Lincoln?"

"Why, I switched about a month ago. I must say I'm impressed, too. It seems better built than my other car—a whole lot roomier, and easier to get in and out. And what luxury!"

TO
PLANES



Briefly stated: The Lincoln is the most luxurious, the roomiest, the most distinctive and the most powerful of America's fine cars.

LINCOLN

Classic beauty...Unexcelled craftsmanship

LINCOLN DIVISION • FORD MOTOR COMPANY

Legislatures in Washington and West Virginia are considering increased taxes on physicians in efforts to provide more money for state operations. And in Nebraska the Legislature has before it a bill that would increase the tax on health insurance companies.

Occupation Tax: In Washington the state's lawmakers are debating a bill to increase the business and occupation tax affecting physicians from 3% to 1.5% of gross income. Prepaid medical service, originally proposed for the 4% sales tax, has been attached to the business and occupation tax proposal. Plans to apply a 4% sales tax on medical services were abandoned after it was labeled as a "tax on misery."

Nebraska State Medical Assn. is opposing the bill which would increase the state tax on health and accident insurance companies from 4 mills to 2%. The tax on Blue Shield and Blue Cross alone would be raised from \$2,000 to \$160,000 annually, NSMA declared. Apprehension also was expressed for the fate of the doctors' project of obtaining a low-cost medical care program for people over 65 with limited incomes.

The committee on poliomyelitis of the Medical Society of North Carolina is largely responsible for the language of the bill, which was introduced by Sen. D. J. Rose, M.D., of Goldsboro.

A proposed amendment to the Maine law governing licensing of physicians and surgeons would eliminate the citizenship clause but limit non-citizen applicants to those who meet requirements of a national evaluating group.

Indiana's Senate passed a bill that would authorize foreign doctors to accept residencies and internships in the state's hospitals for up to five years on condition that they return to their native lands for practice. The Senate also passed a bill making American citizenship or declaration of intention of becoming a citizen a condition to licensing graduates of foreign medical schools. Both bills went to the House.

Here are summaries of bills affect-



Arizona: One bill would provide for the psychiatric examination and sentencing of sexual psychopaths. Another would make a death sentence mandatory on a third conviction of illegal narcotics sale, or on a first conviction of such sale to a minor. A joint resolution calls for a commission on problems of the aged.

Indiana: Bills passed would allow temporary death certificates to be issued by undertaker until MD can issue one; provide for mandatory skin testing for tuberculosis for food handlers; establish mental health study commission; enable Indiana to enter mental health compact with other states whereby residents of compact states could be cared for in Indiana on reciprocal basis; add total disability benefits to public welfare program for those 16 to 65.

Montana: Killed proposals to change laws covering practice of osteopathy and chiropractic.

Nebraska: A bill would substitute for present board of control a larger board headed by a welfare director to supervise state's 16 institutions, including the four state hospitals and state mental home.

New Mexico: Bills passed would allow use of fluoroscopes for shoe fitting; provide for temporary hospitalization of mentally ill for up to five days in case of emergency; allow driver's license applicant to list his blood type on license. Another bill legalizes use of anhalonium, or peyote, by members of religious organizations. An Indian sect uses the hypnotic drug derived from cactus in religious rites. Bills still before the Legislature would require footprints of newborn infants on birth certificates; provide free narcotics to registered addicts who agree to undergo treatment; create new awards for licensing and regulation of optometrists and ophthalmic dispensers.

Oklahoma: Bill would shift crippled children's program, now in red, to state Department of Public Welfare to

Tennessee: Passed a bill permitting admission to state tuberculosis hospitals of indigent people suffering from chronic chest diseases other than TB. Other bills introduced would create an air pollution control service; require insurers to pay hospital benefits to tax-supported TB hospitals for their patients who have sickness-accident policies; prohibit sale of amphetamine pills without doctors' prescriptions; authorize any adult to dispose of any part of his body for medical or educational purposes through a will or other written instrument; authorize a sworn physician's certificate as evidence that a person is of unsound mind of long duration, thus allowing courts to provide for his dependents.

Utah: Senate passed bill requiring examinations in five basic sciences for all prospective practitioners of medicine, surgery, osteopathic medicine and surgery, chiropractic, naturopathy. Bill is in House, as is another Senate-approved bill which would tighten educational and training requirements of naturopaths. Another bill would replace coroners with medical examiners. Both houses approved bill permitting optometrists to fit contact lenses. House is considering bills that would establish regional psychiatric outpatient clinics; make it an unethical practice for a physician to buy stock in pharmaceutical companies; permit chiropodists to use the term podiatrist.

Washington: Signed into law is bill creating three-member board of chiropractic examiners with power to conduct examinations for licenses. Other bills would regulate detention of the mentally ill and give physicians considerable protection in caring for acute psychotics; eliminate section of law that allows licensing of osteopaths without internship or hospital training; permit practical nurses to administer oral subcutaneous medicines under supervision; license and regulate naturopaths; require a medical examination for a marriage license; require physicians to report to the state health director persons who suffer losses of consciousness or control which would make them dangerous drivers.

West Virginia: A new law permits dentists to participate in voluntary hospital and medical service plans. Bills would create a mental health department; make it unlawful to discriminate against employment of persons 45-65 years of age; make it mandatory for county boards of education to establish classes for physically and mentally handicapped children; establish medical examiners.

California: Cancer quackery control bill calls for medical-lay committee to test, pass on efficacy of cancer treatments. Other bills would require setting of standards for air pollution; make liable for damages a person who falsely, maliciously presents a complaint of unprofessional conduct against a member of a profession (including medicine) to a court or agency having disciplinary authority.

New Jersey: Two bills define packaged medicines which may be sold by general merchants. Others would regulate practice of electrology (removal of superfluous hair); request state's Blue Shield-Blue Cross to make hospitalization, surgical plans available to persons over 65, whether retired or not, at premiums reduced to one-half of those normally charged.

Oregon: Proposed bills would allow courts to appoint three psychiatrists to provide expert testimony in cases where sanity is involved; remove immunity of nonprofit hospitals from tort liability; force state, under workmen's compensation law, to contract for medical services; replace coroners with medical examiner system.

Pennsylvania: Bills introduced would require all applicants for drivers' licenses to have physical exams; make mandatory for physician, others in attendance at childbirth to instill in each eye of a newborn a suitable prophylactic for prevention of ophthalmia neonatorum; establish an air pollution commission.

Wisconsin: One measure would give most hospitals exemption from state's fee-splitting law, allow them to hire anesthesiologists, radiologists, psychiatrists, pathologists, and to charge patients directly for medical services rendered by these specialists. Another bill would permit chiropractic care under workmen's compensation.

North Carolina: Bills providing for sterilization as a means of curbing illegitimate births were introduced in both houses. State eugenics board would have authority to order sterilization of women who give birth to two or more children out of wedlock; women could appeal to Supreme Court.

Connecticut: Bill would outlaw naturopathy; set a \$3 per polio vaccine shot for administration of vaccine supplied by state; provide compulsory polio shots for school children; make operation rooms in non-profit hospitals available to all licensed doctors, dentists; permit osteopaths therapeutic use of narcotics; require exams be given to graduates of Canadian, European medical schools; legalize euthanasia; investigate Blue Cross-Blue Shield; include sale of vitamins by prescription only.



Small
Compact
Powerful

**Needs No
Batteries**

**PERMANENT
FLASHLITE**

Continues Glowing After You Turn It Off
The handiest flashlight a doctor or nurse can own. Small enough to carry in your change pocket at all times. Just what you've been looking for. Ever-Lite, the sensational rechargeable flashlight will give a lifetime of trouble-free service. Permanent, non-corrosive steel cells last indefinitely. **RECHARGEABLE.** Simply plug into any 110 volt A.C. outlet to recharge. **REG. RETAILS TO \$8.00. SATISFACTION GUARANTEED.**

Send check or money order. Postage paid. Sorry, no C.O.D.

=====

HANOVER SALES CO., Dept. A
333 Washington Rd., Grosse Pointe 36, Mich.
 I enclose check (or money order) for \$5.95.
 Please rush me one **EVER-LITE** Flashlite.
NAME _____
ADDRESS _____
CITY _____ **STATE** _____



PLANS FOR THE SECOND WORLD CONFERENCE on Medical Education in Chicago, Aug. 29-Sept. 4, were discussed recently by this group. They are (left to right) Dr. W. C. Bornemeier, Illinois State Medical Society representative; Dr. Glen R. Shepherd, assistant secretary, AMA Council on Medical Education and Hospitals; Miss Margaret Netwick, WMA executive assistant; Thomas R. Gardiner, co-chairman, conference technical exhibits; Dr. Robert A. Moore, dean, College of Medicine in Brooklyn, State University of New York; Dr. George F. Lull, retired secretary and general manager of AMA; Dr. Myron E. Wegman, World Organization representative; Mrs. Clara Lewinter, executive secretary of conference; Dr. Victor Johnson, director, Mayo Foundation for Medical Education and Research; and Dr. Louis H. Bauer, WMA secretary general.

Progress on Aged Care Reported to Congress

"We have made solid progress" in the field of health care for the aged, Dr. Leonard W. Larson, chairman of AMA's Board of Trustees, reported to Rep. Wilbur D. Mills (D., Ark.), chairman of the House Ways and Means Committee.

AMA's health program for older citizens calls for "stimulation of a realistic attitude toward aging" and for "promotion of health maintenance programs and wider use of restorative and rehabilitation services," Dr. Larson said.

"There is much still to be done; we are in the process of helping to do it," the physician declared.

Big Step: Dr. Larson's report was in a letter to the congressman, citing AMA's actions since Dr. Larson's testimony before the Committee in June, 1958. At that time Dr. Larson pledged the AMA "to a dedicated and continuing effort to improve the health care of the aged."

AMA "took a big step" when its House of Delegates called for physicians to provide medical services at adjusted rates to people over 65 with reduced incomes, Dr. Larson told Mills.

"Solution of financial problems relating to health care of the aged depends, however, as much on reducing the costs of services as it does on developing financing mechanisms," Dr. Larson said.

"Further, the AMA feels strongly that major emphasis should be given to health maintenance; to medical, social and economic steps that will help a majority of older persons who are well to stay well," he added.

Nursing Homes: One alternative to high hospital costs is the nursing home, Dr. Larson pointed out, and renewed AMA's support of a government-insured loan program of the FHA type for non-governmental hospitals and nursing homes. He also recommended changes in the Hill-Burton Act to make it possible for states to put more money into non-profit nursing homes.

AMA is participating in a classification of nursing homes by services provided, and has recommended to American Nursing Home Assn. minimum medical standards, Mills was informed. AMA also is furthering home care programs and homemaker services.

AMA's belief in health maintenance will be emphasized at the first national conference of the Joint Council to Improve Health Care of the Aged in Washington, June 12-14, Dr. Lar-

son said. Efforts will be made to educate physicians, hospital administrators, nurses, employers and others in this philosophy, he added.

Lower Fees: He cited these actions by state societies to implement AMA's call for physicians to accept lower fees for people over 65 who have reduced incomes:

- **West Virginia:** Committee on Blue Shield recommended physicians accept 50% of their normal fees for Blue Shield clients over 65 who have an income not exceeding \$3,000 per year, provided such insurance is the client's sole coverage for medical service rendered in hospitals. Recommended hospitals adopt similar policy for Blue Cross patients.

- **New Jersey:** Board of Trustees urged state Blue Shield to prepare a contract offering coverage at reduced premiums to people over 65 with reduced income, and recommended state's physicians accept levels of payment established in proposed contract.

- **California:** Society approved "a positive program . . . to meet the proved needs for medical and hospital care for the aged."

- **Texas:** Voluntary Health Insurance and Health Care Costs Committee asked Blue Cross-Blue Shield to prepare pilot plan to be presented to state's House of Delegates at next annual meeting.

- **Ohio:** Committee on Care of the Aged, state representatives of American Hospital Assn., Blue Shield, Blue Cross agreed to move ahead promptly with programs to meet the needs of those 65 and older.

- **Michigan:** Executive Committee adopted AMA's resolution and urged its Medical Care Insurance Committee "immediately to study and develop a contract to care for persons in this group."

- **Florida:** Committee on Aging approved AMA policy and Blue Shield contributed \$5,000 to survey economic aspects of health needs of the Florida aged.

In addition, Dr. Larson said, AMA's policy recommendation will be a primary item of business at the annual meetings of 34 state medical societies this spring. Other state societies who normally meet in the fall have indicated their intentions of calling special sessions to expedite this policy.

AMA also is working closely with commercial insurance organizations to encourage development of new insurance programs and expansion of existing lower cost protection for persons over 65, the AMA board chairman told Mills.

On the Legislative Front

The following are summaries of additional bills of interest to physicians which have been introduced in Congress. S. designates a Senate bill, H.R. a House bill. For copies of the bills, write your representative or senator.

National Compulsory Health Insurance. S. 1056, by Murray (D., Mont.). To Labor and Public Welfare Committee.

This is the well-known bill originally called the Murray-Wagner-Dingell bill and introduced regularly since the 1940s. Payroll deductions of 3% of all wages up to \$6,000 would go into a Personal Health Services Account in the U.S. Treasury to help pay for a wide range of medical care services for all civilian workers and their dependents.

Makes Mental Health Clinics Eligible for Hill-Burton Funds. H.R. 4032, by McGovern (D., S.D.). To Interstate and Foreign Commerce Committee.

Hill-Burton hospital construction act would be amended to make public and other non-profit mental health clinics eligible for matching construction grants. Bill authorizes \$20 million a year for this purpose.

Social Security Coverage for Doctors. S. 1025, by Dodd (D., Conn.). To Finance Committee.

Physicians would be brought under the social security system on a compulsory basis for the purpose of fed-

eral old-age, survivors and disability benefits.

Hospital Care for Peacetime Veterans. H.R. 4685, by Beckworth (D., Tex.). To Veterans Affairs Committee.

This bill would make eligible for VA hospital or domiciliary care veterans who have served completely during peacetime. At present time such care is available to veteran of any war for a service-current disability incurred or aggravated during a period of a war, or for any other disability, if the veteran can not defray the cost.

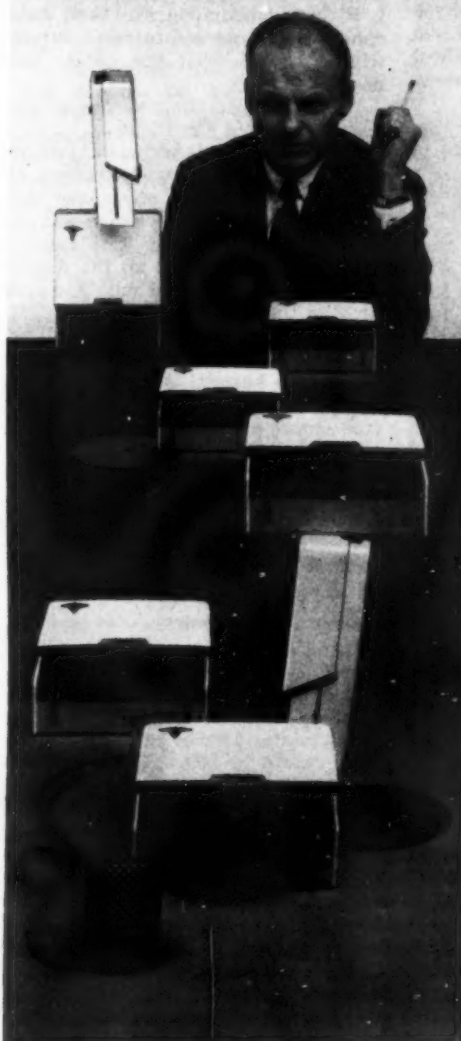
Cuba Joins WHO Anti-Malaria Drive

The last link in the Western Hemisphere's anti-malaria chain was forged recently when Cuba joined the drive to eradicate the disease. The program was launched in 1954 with a world wide aim of wiping out malaria and Cuba was the last American nation to sign up.

The new Cuban government will work with the Pan American Sanitary Bureau, with which the contract was signed. The Bureau is the regional office for the Americas of the World Health Organization.

The so-called birthplace of the Cuban revolution, the Sierra Maestra Mountains of Oriente Province, is one of the most malarious on the island.

DESIGNED FOR THE MEDICAL PROFESSION



Now—talk your medical records as you practice on the striking new Key-Noter Gray Autograph. This tiny Advanced Design instrument frees you from paperwork by recording case histories, prognoses, etc., as you examine, as you treat—even as you travel from call to call. Smaller, lighter, easiest of all to use, the Key-Noter is the only dictating machine especially designed for the busy doctor. Not just a tape recorder, but a full-fledged, full-fidelity, fully transistorized dictating instrument that doubles as a transcriber . . . and costs up to \$125 less than the other three leading makes. Get all the facts. Mail coupon now.

Better Medical Records—Dictate as you treat. When day is done, so are your records—typed.

More Time for Patients—Talk case notes after calls, hospital visits, etc. Battery model available.

More Time for Yourself—Articles, reports, correspondence breeze out on the 5% lb. Key-Noter.

NEW "CADUCEUS" MODEL KEY-NOTER

GRAY
AUGOGRAPH

Only \$11.30 a month including maintenance within 25 miles of Autograph service stations; state, local taxes extra.

GRAY MANUFACTURING CO., HARTFORD 1, CONN.

☐ Call me for a demonstration.

☐ Send new 16-page "demonstration-in-print" booklet

NAME _____
ADDRESS _____
CITY _____ ZONE _____ STATE _____ A-6

Gordon Florian, design consultant on the Gray Key-Noter

Sounds of Apprehension

MDs Ponder Union Maneuvers

A few years ago, contract negotiations between the United Steelworkers of America and industry meant very little to a physician unless he happened to own some stock in a steel firm.

Today, however, leaders of medicine are looking anxiously to steel contract negotiations which will come up within the next two months. And these physicians are warning members of the profession:

"Gentlemen, time is running out. We must take positive action now to provide broader health coverage at a reasonable cost."

Union Demands: The sounds of apprehension stem from increasing demands by union leaders for a "completely prepaid, fully insured medical care system."

Both David J. MacDonald, president of the one-million member steelworkers union, and Walter Reuther, United Auto Workers president, have warned they would adopt the United Mine Workers' or "Permanente" pattern of closed hospitals and panel medical staffs in order to provide complete health care for their members.

Presently, Isadore S. Falk, Ph.D., is preparing a survey report for the United Steelworkers and the "inside talk" is that it will claim closed panels offer certain advantages over private practice in the quality and costs of medical care.

This report is expected to be used as ammunition by the steelworkers in demanding that industry help them establish union hospitals, clinics, and other health facilities or in obtaining a fully prepaid medical care plan utilizing group-practice medicine.

It is reported that steelworkers have approached a group of physicians in Baltimore and offered them \$3 million to start a prepaid medical care program which can serve steelworkers.

Clinic for Workers: Another approach reportedly has been made to the University of Pittsburgh to open a clinic for steelworkers and their dependents.

If Blue Shield and Blue Cross, which presently have a contract with the steelworkers, cannot come up with an acceptable complete health care plan some of the Blues' contracts with the union probably will be dropped.

As reported in the March 9 issue of *The AMA News*, a regional meeting of the AMA's Committee on Insurance and Prepayment Plans, Council on Medical Service, was held recently in Pittsburgh.

At the weekend meeting, committee members and representatives from nine states attempted to learn the overall problem and decide what to



Dr. Carlton E. Wertz

do. The meeting was chaired by Dr. Carlton E. Wertz, Buffalo, N.Y., chairman of the Committee on Insurance and Prepayment Plans.

In general, the group concluded that union leaders are in earnest about obtaining complete health coverage, including out-patient care and home visits, and that their demands may also reflect the thinking of some persons who are not covered by unions.

Blue Evaluation: In view of these increased demands, Dr. Samuel B. Hadden, Philadelphia, urged:

"Let's re-examine the Blues which are giving us the blues."

Representatives from Michigan, Dr. D. Bruce Wiley, Utica, and Dr. Max L. Richter, Melvindale, said their state conducted an opinion research survey which showed what the public and doctors wanted.

"We embodied their wishes in our new plan," said Dr. Richter.

In Western Pennsylvania, where one of the largest concentrations of steelworkers exists, physicians are working up a new plan which was explained by Dr. Wilbur E. Flannery, New Castle. Although all the details have not been worked out, it would provide the following:

- Quality medical care to all patients, of all income levels, whether in or out of a hospital.

- Coverage on a broad basis with free choice of physician and hospital.

- Fair and reasonably predictable cost, within specified family income levels, to insurance carriers.

Although some representatives felt that union criticism of the quality of medical care was a "smokescreen," Dr. Edward T. Edwards, Vincennes,



Dr. William R. Willard

Ind., suggested a mechanism to refute the charges.

Clinical Profile: He told of a "pilot study" in his county which shows the quality of the individual practitioner's work through a "clinical profile."

The profile, kept at the medical society, contains information on the doctor's training, board certification, hospital appointment, graduate study, published papers, important committee assignments, etc.

Medicine's biggest battle in this field has been with the closed hospital system of the United Mine Workers. The effect upon private practice by the establishment of seven UMW hospitals in Eastern Kentucky were told by Dr. Garnett J. Sweeney, Liberty, and Dr. George Archer, Prestonsburg.

The presence of union hospitals, and their mode of practice have forced many physicians who practiced individually to move out of the area. The UMW also raised giant financial problems for existing hospitals by taking away patients who could afford to pay and loading them up with charity cases, they said.

Physicians at the meeting were especially attentive to the remarks of Dr. William R. Willard, vice president and dean, University of Kentucky Medical Center, Lexington, who said:

"Medicine has been going through a tremendous change from a socio-economic as well as technical point of view and we'll probably see changes of equal significance in the future."

"We can't fight change, but we can channel them into paths which we believe will serve the best interests of all the people."

Economic Changes: Recognizing that many physicians are not aware of social forces which may influence the practice of medicine in the future, Dr. Willard recommended that students in medical schools be given a historical perspective of the socio-economic changes in medicine.

These suggestions were made by representatives for national level action by the AMA:

- Providing broader information to the profession on socio-economic matters.

- Compiling a report on the best features of Blue Shield and Blue Cross plans.

- Instructing medical schools to incorporate socio-economic courses in medical schools.

Letters

... As Readers See It

Interns' Stipends

I would like to portray the other side of the coin in response to the letter from Neill B. Longley, MD, in the February 9 issue of *The AMA News*. I am chairman of the House Staff Committee of Monmouth Medical Center as well as chairman of its Educational Committee. We have an institution of 350 beds, employ 32 interns and residents. Somebody will immediately say: "Overstaffed." Yes, if we are to consider our interns and residents as cheap help.

We are running an educational institution here. We pay our interns \$150 per month, residents \$200 per month. If they are married and we accept them, we furnish quarters according to their needs. Frequently, this is an apartment of several rooms.

These young people are here from all over the world to further their medical education. This is also true of our American interns and residents. This education should be weighed against the stipend. If we are employing interns and residents merely for what we can get out of them, then they should be paid a living stipend. If this is the case, we could probably cut our staff in half but since we are running lecture courses and allowing them to take courses under the auspices of Seton Hall College of Medicine and Dentistry, we have to have enough so the house can be covered while they are furthering their education and we want them to have time for education and study.

To show that this policy pays off, 10 of the present staff have stayed or are staying a year or two longer than originally intended and two former interns are coming back from their home countries to serve as residents because they liked our program of education so much.

WILLIAM G. HERRMAN, MD.

Long Branch, N.J.

Social Security

In the February 9 issue, *The AMA News* quotes a Congressman as saying "the professional people in this country are in many respects the forgotten people of our federal tax laws."

Would it not be fair to say that this so-called "dilemma of doctors" is entirely due to the AMA. We should have social security now, and nearly all doctors I meet want it, as is being proven by nearly all the recent polls.

I have heard no doctor express an interest in the Keogh bill, which, I believe is what our delegates favor. May I ask in what way it would benefit the older group of doctors still in practice?

F. D. BENEDICT, MD.

Philadelphia, Pa.

Insurance Responsibility

Dr. Larson's editorial in the February 23 issue of *The AMA News* places real responsibility on the insurance industry. The industry has been aware of this responsibility and through its Health Insurance Council has a mechanism for cooperation with physicians in this mutual program. I hope that it will be able to meet this challenge.

Congratulations to you for publishing this well phrased statement of the situation.

ENNION S. WILLIAMS, M.D.

The Life Insurance Company of Virginia
Richmond, Va.

Erroneous Attribution

I wish to call your attention to an article which appeared in *The American Medical Association News* of February 9, relative to the transfer of the Ready Reserve of the staffs of hospitals and medical schools to the Standby Reserve.

The Armed Forces Reserve Act, as amended in 1955, does not provide for participation of the National Advisory Committee, to the Selective Service System either in the Ready Reserve or the Standby Reserve programs in an advisory capacity.

The Ready Reserve program is a matter under the Department of Defense and the Secretaries of the Army, Navy, and Air Force. The transfer of a reservist to the Standby Reserve is, therefore, a determination to be made by the Armed Forces of which the Reserve officer is a member and not of the Selective Service System. The Selective Service System has not and does not issue any directives with regard to the Ready Reserve as it applies to transfer to the Standby Reserve since it is not a matter under the authority of this agency. The information published in your *AMA News* was erroneously attributed to the Selective Service System and deserves immediate correction.

The Director of the Selective Service System is charged by the Reserve Act of 1952, as amended, with the administration of the Standby Reserve program and no provision in the Act provides for an availability determination by the National Advisory Committee.

Sincerely yours,
LEWIS B. HERSHEY

Director, Selective Service System
Washington, D.C.

17 Nations Join Program

Seventeen nations of Central and South America and Australasia have joined the international research training program of the U.S. Public Health Service, swelling the total of participating countries to 30. Under the program, scientists from abroad are trained in this country.

Latest to sign up are Argentina, Australia, Brazil, Ceylon, Chile, Columbia, El Salvador, India, Iran, Japan, Mexico, New Zealand, Pakistan, Peru, the Philippines, Thailand and Uruguay.

Candidates for the research fellowships worth \$4,500, plus allowances for families and travel, are screened in their home countries before approval by a board at the National Institutes of Health. Its chairman is Dr. John R. Paul, professor of preventive medicine at Yale University.

Seventeen fellows already are studying and doing research in this country. Surgeon General Leroy Burney says their training will strengthen medical research throughout the world.

A Special Report

Sabin Vaccine Results Due This Year

By the end of 1959 there should be enough data from field trials on approximately one million people to know whether the attenuated, live poliovirus vaccine which he developed is one of the tools to fight poliomyelitis, Dr. Albert B. Sabin, Cincinnati virologist, told *The AMA News*.

"There is no indication so far that there is any danger either to those who receive the vaccine or to those who may pick up the virus from vaccinated individuals," he said.

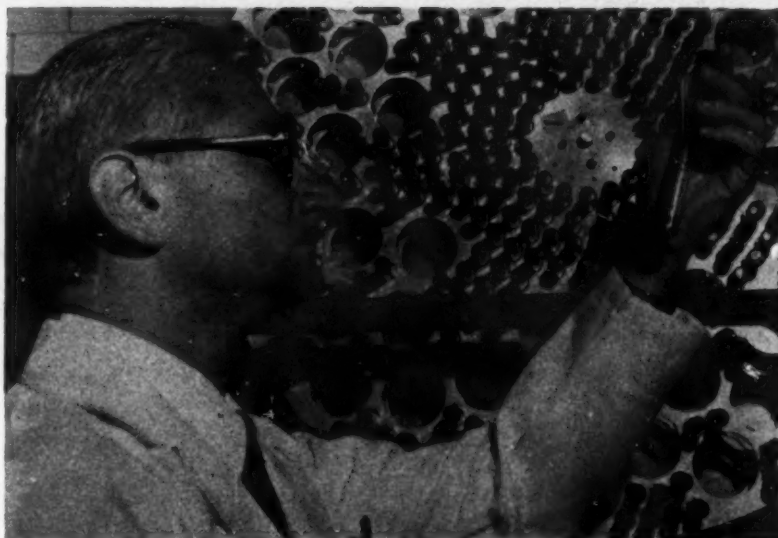
The decision that ultimately will have to be reached is whether to continue to attempt to vaccinate a whole population by giving an as yet undetermined number of shots of inactivated virus vaccine or to give the three types of attenuated live virus vaccine, which can be taken orally and may be expected to produce long-lasting immunity, Dr. Sabin declared.

Million in Grants: There was no question of choice between the two types of vaccines when the National Foundation for Infantile Paralysis announced the development of the inactivated poliovirus vaccine by Dr. Jonas E. Salk of Pittsburgh. The live virus vaccine was in the earliest stages of development at that time and is only now undergoing the necessary extensive field trials, Dr. Sabin explained.

The Foundation has supported Dr. Sabin's work with grants totaling more than \$1 million during the past 10 years and still supports his research. It recently announced another grant of \$116,400 to support further studies on live poliovirus vaccine and on viruses other than polio.

Clinical tests of Dr. Sabin's polio vaccine this year are expected to involve more than two million children in Russia. Tests were just completed in Czechoslovakia on 143,000 children, most of whom earlier had received the inactivated poliovirus vaccine.

Tests Underway: The final results of the Czechoslovakian tests are of special interest to the U.S. since most of those children already had received Salk vaccine, Dr. Sabin said. About 95% of the eligible families voluntarily participated in these tests, he reported.



DR. ALBERT B. SABIN examines a sample of the attenuated live poliovirus vaccine which he developed. He is shown in his laboratory at the University of Cincinnati College of Medicine.

Stepwise clinical tests of his present vaccine began in 1957. They are supervised by Dr. Sabin and are conducted under procedures recommended by the Expert Committee on Poliomyelitis of the World Health Organization. One of the committee's recommendations was that the ultimate tests for safety under field conditions be conducted in areas where the inactivated virus vaccine had not been used extensively, partly to permit observations on the effect of secondary spread of the vaccine viruses.

In Mexico last year 3,700 children predominantly under four years were given the three types of Dr. Sabin's attenuated live vaccine by Drs. M. Ramos-Alvarez and Federico Gomez. Dr. Sabin said the test was a good one since all of the children were in nursery school and they, as well as their families and other contacts, could be watched carefully.

"There were no clinical manifestations referable to the vaccine," the Mexican investigators reported. These investigators, cooperating with the Mexican Ministry of Health, are extending the tests to another 500,000 children this year.

In another test, 200,000 children in

Singapore were given type 2 vaccine in October and November, 1957, during an epidemic of type 1 polio. Dr. Sabin said they were given the type 2 vaccine to determine whether it would interfere with the type 1 epidemic virus that was producing many cases of paralysis. The results are being prepared for publication by Prof. James Hale and the Singapore Ministry of Health.

Other tests on a smaller scale have been carried out in The Netherlands, Chile, Sweden, England, and Japan.

Dr. Sabin's vaccine is given orally, two drops to a teaspoonful of syrup. The vaccine for type 1 poliovirus (85% of all paralytic polio is caused by this type) is given first. Type 2 is given four weeks later. Type 3 is given after another four weeks.

In developing the live attenuated virus vaccine, Dr. Sabin found that the type 3 virus can stop the multiplication of type 1 within the body and that type 2 can similarly stop type 3. The type 2 virus then multiplies for a number of weeks. Thus, the subject is left with antibodies and resistance effective against all three types of polio.

His vaccine produces a complete or partial resistance to subsequent mul-

tiplication of poliovirus within the intestine, Dr. Sabin said. He envisions the possibility of stamping out poliomyelitis, as has been done with smallpox where mass vaccination has been employed.

Inactivated poliovirus vaccine does not keep poliovirus from multiplying within the intestine, according to Dr. Sabin.

Blood tests were made in 1956 on 100 children and those who lacked immunity for one or more types were given three properly spaced doses of commercial Salk vaccine. Five months later, Dr. Sabin said, approximately 50% had no immunity to type 1 or type 3 poliovirus. They were then given a fourth dose of a good Salk vaccine and three months later were fed the attenuated poliovirus vaccine.

The poliovirus multiplied within the intestines of the children regardless of the level of antibodies from the Salk vaccine. These studies, which Dr. Sabin did with Drs. Krugman, Giles, Barnes and Wang, showed that children adequately vaccinated with Salk vaccine could readily disseminate poliovirus when they were infected with it, and that the live virus vaccines could be used to supplement the partial immunity produced by Salk vaccine.

Low Potency: The inactivated poliovirus vaccine now produced in the U.S. frequently is of such low potency that a large percentage of those who get it lose their immunity within less than a year, Dr. Sabin declared. The results obtained from a fourth shot also vary with the response produced by the first three shots, he added.

It is possible to make a better inactivated virus vaccine, he emphasized.

(Editor's note: See, "Dr. Salk Calls for Judgment, Public Understanding," *The AMA News*, Jan. 28, 1959, p. 12.)

Dr. Sabin is professor of research pediatrics at the University of Cincinnati College of Medicine. He has written in detail about the clinical tests of his vaccine in, "The Present Position of Immunization Against Poliomyelitis With Live Virus Vaccines," published in the March 14, 1959, issue of *The British Medical Journal*.

PR for MDs

Some physicians, who are hesitant about discussing fees with their patients, can't understand why patients don't seem quite so appreciative of medical services when they receive the bill.

It's good public relations to help patients plan ahead when they must have extended medical service or surgery. Spell out in advance an estimate of the costs involved.

To help physicians and patients bring up the subject of fees more easily, the AMA sells an office plaque for \$1 which says:

"To all my patients—I invite you to discuss frankly with me any questions regarding my services or my fees. The best medical service is based on a friendly, mutual understanding between doctor and patient."

'Doctor's Day' Honors Profession

In Winder, Ga., a small community some 45 miles northeast of Atlanta, lives the widow of a physician who has carved a small niche for herself in the history of American medicine.

She is Mrs. Charles B. Almond who originated the idea of setting aside March 30 as "Doctor's Day." Mrs. Almond did this 26 years ago by presenting a resolution to the Barrow (Ga.) County Medical Auxiliary which read:

"Whereas the auxiliary to the Barrow County Medical Society wishes to pay lasting tribute to her doctors; therefore, be it resolved by the auxiliary to the Barrow County Medical Society that March 30th, the day the famous Georgian, Dr. Crawford W. Long, first used ether anesthesia in surgery, be adopted as Doctor's Day, the object to be the well being and honor of the profession, its observance demanding some act of kindness,



Dr. Long



Mrs. Almond

gift or tribute in remembrance of the doctors."

In 1934, Mrs. Almond's idea was introduced to the Woman's Auxiliary to the American Medical Association and in 1935 to the Woman's Auxiliary to the Southern Medical Association.

Now, March 30 is observed by many state auxiliaries as Doctor's Day.

Asked by *The AMA News* to comment on the 26th Doctor's Day, Mrs. Almond said:

"I'm always happy and delighted to hear about the Doctor's Day observations in various states.

"When I introduced the resolution, my thoughts were primarily concerned with honoring our own doctors in Georgia and marking the observance of Dr. Long's important contribution to medical science."

Dr. Long's first use of ether anesthesia before a small audience of prospective medicine students in Jefferson, Ga., was on March 30, 1842.

Although a Boston dentist, Dr. William T. G. Morton, is credited by some as the first to use ether anesthesia, undisputed records show that Dr. Long used ether some 4½ years before Dr. Morton gave his first demonstration.

AMA Views Atlantic City Vacation Spot Has a New Look

Atlantic City, where the American Medical Association will hold its 108th Annual Meeting, June 8-12, is the sort of a place where one can catch a 600-pound marlin, relax to the gentle motion of the famed "boardwalk carts," and sleep in the comfort and privacy of a luxury motel. It's also a place where generations of Americans have gone to swim and sun on the beach and dine in the city's many famous restaurants.

Centrally Located: Located 60 miles southeast of Philadelphia, 100 miles southwest of New York, and 175 miles northeast of Washington, D. C., the New Jersey resort city is readily accessible by air, rail or automobile.

AMA Convention Manager George Larson, who has been scouting facilities in Atlantic City, reports that it has had an amazing face lifting since the AMA met there in 1955. He said:

"Truly, Atlantic City has been 'on the go.' In the past four years, they've built more than 4,000 new motel units at a cost of \$21 million.

"The improvement has been two-fold since the new motels replaced many of the more undesirable structures and establishments.

"Personally, if I were a physician traveling anywhere from east of the Mississippi to the convention, I'd drive to Atlantic City and stay at one of these motels. They've got fine expressways leading to the city and the new motels—actually motel-hotels—offer all of the services one would find in a first rate hotel."

Modern Hotels: Larson also said the big hotels have spent millions in remodeling and modernizing since 1955.



NEW MOTELS WITH SWIMMING POOLS beckon physicians who are planning to attend the 108th Annual Meeting of the American Medical Association in Atlantic City, June 8-12.

"All in all," he concluded, "the charm of this vacation spot has been retained while the comforts have been vastly improved."

The sea, of course, is the big attraction in Atlantic City.

Bill Upperman, a top fishing authority, told *The AMA News* that "Atlantic City offers as good fishing as anywhere in the world."

He said June is one of the best months because that is when millions

of fish of myriad species migrate from the Bahamas up the Atlantic Coast.

"These fish are hungry when they reach the shoal water at Cape May, 40 miles south at Atlantic City," he continued, "and they strike hard. Go there in June, and if you know how to fish, you can catch them by the bushels."

The varieties of fish caught off Atlantic City include albacore, dol-

Convention Tips

Physicians can make the AMA's Annual Meeting in Atlantic City a high spot of the year for themselves and their wives by following these pointers:

- Fill in the application—in the next issue of *The News*—for room accommodations and mail it to the AMA.

- Complete advance registration blank and send it to the AMA.

- Make travel reservations in advance.

phin, tuna, sea bass, bonito, blackfish, bluefish, porgies, and croakers. Two years ago, one stout angler landed a 600-pound marlin.

Good eating is an old Atlantic City story. The hotels offer a fine menu, and there are many restaurants which specialize in seafood. Also, one can find restaurants featuring national dishes, including French, German, Italian, Syrian, Armenian, Greek, Turkish, and Russian cuisine.

New York Nearby: Physicians and their wives who are planning to attend the meeting should keep in mind that New York City is only two hours away by car and that the week-end following the meeting would be an ideal time to visit the big city.

For those who have a few additional days, the lovely New England States beckon.

Future articles in *The AMA News* will contain details on what to see and do in New York and New England, as well as a more detailed description of activities that may be enjoyed in Atlantic City.

Atom Medicine At Chicago U.

The University of Chicago, birthplace of the atomic age, has established a Section on Nuclear Medicine in the School of Medicine.

Dr. Lowell T. Coggeshall, dean of the university's Division of Biological Sciences, said the new section will deal with the full range of atomic public health problems from atmosphere to zoology.

Here are the types of problems the Section on Nuclear Medicine will explore:

- Increase in natural background radiation due to by-product of nuclear energy devices.

- Actual or probable consequences—genetic and physiologic—of increased exposure to ionizing radiation.

- Existing and proposed legislative controls regarding radiation.

- Medicolegal aspects of personal injury and compensation problems stemming from nuclear energy.

- Psychological reactions of society to threatening aspects of nuclear devices.

Military Program

Audio-visual presentations will be feature of the Section on Military Medicine at the AMA annual meeting, June 9-11, at Atlantic City. Col. Charles H. Bramlitt, section secretary, said the program will be a radical departure from past sessions. Included will be a symposium on aerospace medical problems.

Author Faces Test

Dr. Benjamin Spock of Cleveland, O., well-known pediatrician, is facing a test—whether he can practice what he preaches.

Dr. Spock is a grandfather for the first time. And he says he is going to practice what he has long been advising: "Don't meddle in your grandchildren's upbringing."

However, he has sent his eldest son, Michael, an autographed copy of his best-selling book, *Baby and Child Care*.

New Radiation Movie Set for Convention

A 16 mm., half-hour color motion picture illustrating the medical aspects of radiation, including protective measures in diagnostic radiologic examinations, will be shown for the first time June 9 at the AMA annual meeting in Atlantic City, N.J.

The movie, produced by the American College of Radiology with assistance from the Rockefeller Foundation, will be made available for showing at medical society meetings following its premier showing.

Residency Offered

A new two-year residency in public health offered by the University of Oklahoma School of Medicine and the Oklahoma State Department of Health will include one year at the Medical Center, one year at local health departments.

Showings Scheduled For Exhibit on Aging

The exhibit which depicts AMA's health program for older citizens will be shown at three state medical society meetings and two other conferences.

The exhibit, prepared by AMA's Committee on Aging, is scheduled for state society meetings at Baltimore, April 15-17; Asheville, N.C., May 1-6, and Chicago, May 19-22. It also will be shown at a statewide conference on medical society action in the field of aging, Utica, N.Y., March 7, and at the first National Conference of the Joint Council to Improve the Health Care of the Aged, Washington, D.C., June 12-14.

SPECIALIZING IN MEDICAL TRAVEL

35 years Medical Tour experience
... 1959 program includes Europe, South America, South Africa, Pacific and Around the World.

Call on COMPASS for relaxing foreign travel, Congress attendances, hospital visits.

We help you obtain professional courtesies. Write for EMT Folder (Europe), SMT Folder (other than Europe).



COMPASS

TRAVEL BUREAU INC.

55 West 42 St., New York 36 CH. 4-7835
Member American Society of Travel Agents

Practicing Physicians

Are Invited to Attend

The University of Southern California School of Medicine

1959 Postgraduate Refresher Course

July 29 — August 11

HAWAII

Faculty Lectures and Workshops in a Perfect Environment

AIR MAIL TO:
U.S.C. Medical School
2025 Zonal Ave.
Los Angeles 33, Calif.
Attn.:
Director
School of Medicine

Please send me Detailed Brochures covering The Postgraduate Refresher Course and the Other Attractions of your Hawaii Trip.

Name.....

Address.....



This month every A.M.A. member will receive by mail this special **ALEX DREIER** record.

Its message is vitally important to you.

Playing time—4 minutes.

Don't fail to hear it.

Medicolegal

Abortion Laws Vary in States

The physician who contemplates the performance of an abortion for a therapeutic reason is well advised to obtain appropriate consent, to have consultation, and to maintain adequate records of the case.

Legally, abortion has been defined as the "expulsion of the fetus at so early a stage of uterogestation that it has not acquired the power of sustaining an independent life."

State Statutes: By statute, each of the several states has, in substance, provided that the performance of an abortion without therapeutic justification is unlawful.

Differences exist, as may be expected, in the language of the several statutes and in the manner of their implementation.

Some statutes require that the initial determination of therapeutic necessity be supported by the advice of another physician.

Other statutes require the advice of two other physicians, and some statutes do not refer to or require consultation.

However, that such consultation is medically and medicolegally desirable, if not mandatory, needs no elaboration.

The physician is expected to be familiar with the language of the statute that applies to him and he is legally obliged to observe it.

Injury and Law: The courts are not in accord on the question of whether recovery may be had for injury resulting from negligence in the performance of an abortion contrary to law.

The weight of authority is that a woman cannot recover damages in such a situation, because her consent to the illegal act should and does constitute a bar to recovery.

There are, however, cases holding to the contrary that have permitted recovery.

Physician Is Candidate For Chamber Director

Dr. Edgar L. Dessen, radiologist at Hazleton, Pa., is a candidate for director of the U.S. Chamber of Commerce, second district.

Dr. Dessen was president of the Greater Hazleton Chamber of Commerce from 1953 to 1956, during which time all of the town's physicians joined. He has served on the membership and the education committees of the U.S. chamber, is a director of the Northeast Pennsylvania Industrial Development Commission, and a member of the National Board of Field Advisors to the Small Business Administration.

Thirty Chambers of Commerce in Pennsylvania, New Jersey, and New York have endorsed Dr. Dessen for the directorship.

Cancer of Cervix Tests Endorsed

Nebraska's physicians are cooperating in the first state-wide campaign to get all women to have annual checks for cancer of the cervix.

Nebraska Medical Assn.'s House of Delegates voted at its mid-winter meeting to cooperate with the state chapter of the American Cancer Society in the campaign. The state's pathologists earlier had endorsed the effort.



MEDICOLEGAL DAY, sponsored by the University of Nebraska and Creighton University, Omaha, was attended by 200 medical and law seniors. Speakers included C. Joseph Steiler (left), director of the AMA Law Division. He is shown with Dr. J. D. McCarthy (center), program chairman and director of Forensic Medicine at the Nebraska College of Medicine, and Dr. Frederick G. Gillick, dean of the Creighton School of Medicine. The program was held at Creighton.

Stating It Briefly

Heads Staff: Dr. Kenneth E. Penrod, 42, on July 1 assumes duties as head of the staff of West Virginia University's new Medical Center. Now at Duke University School of Medicine, he will coordinate medicine, dentistry, pharmacy, nursing, hospital programs at West Virginia's first four-year medical training school.



Health Fair: Franklin County, Ohio, citizens will find answers to many health, medical, dental questions at health fair, March 25-29 at Veterans Memorial Building, Columbus. Admission is free; there are no commercial exhibits. It's sponsored by Columbus Academy of Medicine, allied health groups.

Anniversaries: The Bergen County, N.J., Medical Society has completed 105 years' service to its community . . . Clearfield Borough, Pa., Board of Health passed 50-year mark. Its president, Dr. Ward O. Wilson, has served from start. He was complimented by *The Progress*, local newspaper.

Testimonials: Dr. John Moon was given dinner by 250 Baraboo, Wis., friends. He's leaving for Mesa, Ariz., after 30 years practice at Baraboo . . . Elizabeth Steel Magee Hospital, Pittsburgh, Pa., sponsored dinner for its retired medical director, Dr. Charles J. Barone. He started with hospital, University of Pittsburgh Medical School in 1915, continues teaching, private practice.



Honors: Drs. John Lentz, O. N. Bryan, John Lee, R. W. Billington, L. J. Caldwell, H. P. Rieger, all of Nashville, Tenn., each given pins for 50 years practice . . . Dr. Edward L. Tatum, co-winner 1958 Nobel Prize in medicine and physiology, named "Man of Year" by University of Wisconsin Alumni Club of New York.

New Jobs: Dr. Lloyd L. Cullimore was appointed mayor of Provo, Utah . . . Named to new post of director, professional relations for Ohio Medical Indemnity, Inc. (Blue Shield), was Dr. R. Dean Dooley of Dayton . . . Richard F. Gorman, Seattle, now is public relations director for Washington State Medical Assn.

With Pay: Dayton, Ohio, area residents had fatter pay envelopes when Montgomery County Medical Society and auxiliary distributed free individual medical cards. Wallet-size personal health records were prepared by AMA.

Civic Minded: Fulton County, Ga., Medical Society's Citizenship Committee has even higher goals for members in 1959 than in 1958. Last year 360 doctors, 43% of society's members, took part in 1,431 citizenship activities.

GP Assembly To Be Largest in History

The annual Scientific Assembly of The American Academy of General Practice, to be held in San Francisco, April 6-9, will have the largest scientific exhibit section in the Assembly's history. The 106 displays will represent practically every field of medicine from anesthesia to traumatic surgery, from collagen diseases to space medicine.

Congressman Walter H. Judd, MD, will give the opening address entitled, "Doctors in a Changing World." Other papers during the four-day meeting include these subjects: immunology, public health, cardiology, burns, obstetrics, pediatrics, and diabetes.

\$17 Million Raised For Hospital Plan

A \$34½ million hospital improvement plan for Greater Minneapolis has been assured with the success of a United Hospital Fund drive for \$17 million in voluntary contributions. Twelve hospitals and three health institutions are participating in the program which will increase the number of beds in non-tax supported hospitals from 2,426 to 3,894.

Over-65 Budget Plan Announced

The Iowa Medical Society has announced its plan to develop a pilot program whereby persons 65 years of age and over will be able to budget in advance for their medical needs at a cost in keeping with their financial resources.

The program will be designed by Iowa Medical Service, Blue Shield, a non-profit prepaid plan sponsored by Iowa MDs. Ninety-eight per cent of Iowa's physicians are participants.

Dr. Walter D. Abbott, Des Moines, president of ISMC, said the program is in compliance with a request by AMA's House of Delegates recommending that physicians reduce their fees for those over 65 of modest means so these senior citizens can purchase voluntary health insurance at rates they can afford to pay.

Details of the program are not immediately available, however, it is anticipated the plan will provide broad full-service coverage.

A recent survey shows there are about 300,000 persons in Iowa over 65. Some 30,000 already are covered by Blue Shield, 25,000 are eligible for coverage in indigent groups, and approximately 30,000 have sufficient funds to meet their medical expenses. This health care plan is intended for the remaining 210,000.

In most cases, the financial return to the physician under the program will represent no more than the MD's actual overhead expenses.

Concurrent with the development of this program, Blue Shield has been authorized to offer a middle income paid-in-full medical care contract for families earning less than \$5,400.

Fee Schedule Cut for Aged

California Medical Assn. has agreed to accept a 50% reduction in its fee schedule in order to widen medical insurance coverage to include people past 65 with reduced incomes.

The action was taken by the House of Delegates at the annual meeting.

California Physicians' Service will administer the new coverage for the elderly, which is expected to include regular CPS surgical benefits.

Full payment for contract benefits would be provided for individuals with an annual gross income to \$3,000 and to \$4,500 for a family. Dues will be set at a level within reach of a majority of persons requiring such prepaid health protection.

NEW FOR '59

Saxony Style (Mod. Amer. Plan)

MAR. 16-APR. 5 FROM APR. 6

includes complete BREAKFAST and the sumptuous Saxony full-course DINNER DE LUXE \$16.14

Rates are Daily, Per Person, Double Occupancy 109 of 400 ROOMS EUROPEAN PLAN AVAILABLE

SEE YOUR LOCAL TRAVEL AGENT

"No One Can Serve You Better"

BOSTON: LB 8-3987

BROOKLYN: SI 5-4880

CHICAGO: ST 2-9100

MIAMI BEACH: JE 8-8911

NEW YORK: YU 8-3844

PHILA.: PE 4-0181

TORONTO: EM 4-0574

GEORGE D. SAX, President

ROBERT "Robbie" ROBINSON, Executive Vice President

the Saxony

The most exciting blockfront

ON THE OCEAN at 32nd Street — MIAMI BEACH

Scanning the News

Research: Most Americans believe this country is running neck-and-neck with Russia in the race for world scientific supremacy. But if forced to choose between spending money for medical research or putting the first man on the moon, an overwhelming majority would give doctors the dollars, according to a nationwide study made by U. of Michigan for National Assn. of Science Writers and N.Y. University.

Credits: Retirement point credits may be earned by reserve Medical Corps officers who attend the scientific sessions of the Aero Medical Assn., Los Angeles, April 27-29, Dept. of Defense has announced.

Translations: First issue of *Bulletin of Translation from Russian Medical Sciences*, published by National Institutes of Health, is now being distributed to the professional public interested in clinical and basic medical sciences. For free subscriptions write: Scientific Reports Branch, Division of Research Services, NIH, Bethesda 14, Md.

MD Honored: In recognition of his services to the town of Fayetteville, Tenn., Dr. L. M. Donelson has been named president-elect of the Lincoln County Medical Assn. He is the first Negro in Tennessee to be so honored.

Cancer Bills: Sen. Richard L. Neuberger (D., Ore.), who recently underwent an operation for cancer, has introduced two bills in Congress to attack the disease. One would provide \$500 million for cancer research, the other would permit the writing-off of as much as 50% of government scholarship loans to students who enter medical research.

License Revoked: When an MD, licensed to practice in New York and Florida, pleaded guilty to violating the Narcotic Law of Florida, he was sentenced to a prison term of three years or a fine of \$5,000. New York Supreme Court upheld New York Board of Regents revoking his license to practice. Court held that by entering plea of guilty in Florida he had admitted to an offense falling within the meaning of the word "dispense" as provided in New York Penal law, and this constituted a plea of guilty to an act which would have been felonious in New York.

Safety Stamp: A postage campaign to cut traffic accidents has been launched by Wisconsin State Medical Society. The postmaster general has been petitioned to issue an annual commemorative stamp on theme of traffic safety for five consecutive years with each stamp receiving its first day of issue from the capital cities of every state.

Nursing Home Gets Pilot Program Grant

A \$50,000 grant setting up a pilot program to help blind persons adjust and lead as full lives as possible in a nursing home has been received by Beth Abraham Home, New York City, from the Solomon and Blanche De-Jonge Foundation.

The Beth Abraham Home, largest voluntary nursing home for the chronic ill in the U.S., is housed in a new \$3.2 million seven-story building. There are 531 beds in the non-profit institution.

Popularity Spreading

3 Firms Make New Antique Cars

New antique cars—modeled after the famed curved-dash, turn of the century Oldsmobile—have become a rage in Florida and their popularity is spreading.

Interest in the pioneer auto probably was revived by Howard Loomis, son of the designer of the original Olds, who built a replica of his father's car a few years ago and began driving it in the streets of Fort Lauderdale, Fla.

Today, three firms are manufacturing these unique cars, one of which travels 100 miles on a gallon of gasoline. Top speed for all of these cars is 35 mph.

Backward Look: The Starts Mfg. Co., Fort Lauderdale, manufactures the "Rollsmobile," American Air Products Co., Fort Lauderdale, builds "The Merry Olds," and E. W. Bliss Co., Canton, Ohio, produces the "Surrey," which is distributed by Dyer Products, Inc., Canton, Ohio.

All the cars are steered with a tiller, but the upholstery has given way to modern science with foam rubber cushions and nylon carpeting.

The "backward look" cars also have modern electric starters and such safety features as sealed beam headlights, blinking turn indicators, and electric stop lights.

The cars usually carry two persons who get a stepladder view of the modern low-slung vehicles. All three manufacturers claim their products are safer than scooters or motorcycles because the cars travel at low speeds and are sturdily constructed.

Features of Cars: The "Surrey" boasts an all-steel body and wooden spoke wheels. This car may be purchased in a ready-to-assemble kit form.

Probably the most authentic looking of the three cars is "The Merry Olds" which has a hand-made wooden body.

The outstanding feature of the "Rollsmobile" is its mechanical simplicity and fine performance.

Drug Promotion Ethics Stressed

A leader in the pharmaceutical field has urged renewed emphasis on ethics in the promotion and advertising of that industry's products.

Harry J. Loynd, president of Parke, Davis & Co. and vice president of the Pharmaceutical Manufacturers Assn., told those attending a PMA meeting in Chicago that if the pharmaceutical industry is to continue as a private enterprise and a compatible industry, "we must critically examine certain of our practices and re-emphasize high ethical standards in all of our activities."

"Certainly, if we behave as good neighbors, we will have better acceptance by our medical colleagues and by the public," he said.

However, Loynd added, "once in a while we hear or read comments which would indicate the vital necessity of continuous and even greater policing of our industry's practices and of disciplinary action toward violators of our ethics."

"Such violators are few," he said, "but their corrosive effect is apparent. This industry cannot, and should not, tolerate this corrosion."



Rollsmobile

Surrey

Merry Olds

Here is a brief run-down of the three antique cars now being manufactured:

	Rollsmobile	Surrey	The Merry Olds
Cost	\$1,195	\$1,295	\$1,495
Miles-per-gallon	100	65	65
Speed (mph)	35	35	35
Engine	Continental 3 HP air-cooled Automatic	Cushman 8 HP air-cooled	4 HP air-cooled
Transmission	Automatic	Two speeds forward, one reverse	Two speeds forward, one reverse
Top features	Good, simple construction, using stock parts	Rugged all-steel body. Spare parts available.	Very authentic appearance. Hand-made wooden body.
For details write:	Starts Mfg. Co. 234 S.W. 29th St. Fort Lauderdale, Fla.	Dyer Products, Inc. 514 Second St., S.W. Canton, Ohio	American Air Products 4340 N.W. 10th Ave. Fort Lauderdale, Fla.

Basic Research Priority Urged

Basic knowledge in modern medicine needs to be increased "as rapidly as possible," the nation's drug manufacturers declared in urging the government to give top priority to basic medical research programs.

The Pharmaceutical Manufacturers Assn., in a Statement of Principle, warned that the U.S. faces a 25 per cent deficit in the number of medical scientists needed by 1970. PMA called for the government to give highest priority to programs which would lead to the training of additional teachers and researchers.

The association said that pharmaceutical industry laboratories should not receive government subsidies except for those "exceptional cases" in which U.S. agencies cannot find a non-profit institution capable of turning out the required research.

PMA pointed to the growth of government support to medical research—from \$3 million in 1940 to \$227 million in 1958—and said pressures upon Congress and the federal agencies will increase.

One of the "exceptional cases" in which the government rightfully turned to the drug industry is the

current cancer chemotherapy program, PMA said. Under the program, the National Institutes of Health has made grants to various pharmaceutical firms to participate in an experimental mass screening program of all types of chemical agents.

Relax, Doctor, and Enjoy It



Doctor, if you must have a hobby, why not sail? More and more doctors are turning to sailing as a form of much needed relaxation from a busy practice.

Sailing is an excellent combination of sedentary relaxation with just the right amount of physical endeavor. It furnishes an intellectual challenge in physical and mental coordination to you whose habit is based on years of technical training and intricate manual skills.

We offer the elegant 30' Highlander, a combination all-family boat and racer. This small yacht is very reasonably priced and can be purchased as low as 1/3 down with the balance financed.

If your present hobby is one of manual arts, we can furnish the boat in kit form which greatly reduces the basic cost.

For full particulars and free brochure write: Douglass and McLeod, Inc., Box 311, Painesville, Ohio

STEAK TESTER

Steak the Way YOU Want It . . . Every Time



Rare . . . Medium . . . or Well Done, it's up to you. Just set the dial of this adjustable steak tester. The glowing bulb tells you when your steak is done to your taste. A must if you like good food.

\$4.95 Postpaid

John Surrey Ltd.

WORLD'S FASTEST BROILER

NEW DESIGN — INFRA-RED — ELECTRIC TOASTER OVEN BROILS OR TOASTS IN HALF THE TIME For Home—School—or Office. 8 1/2" wide x 11 1/2" deep x 4 1/4", but powerful. A new design principle puts the opening at the narrow end . . . so the broiler retains twice as much heat . . . cuts roasting and broiling time in half. Gives a better charcoal-like flavor to meats, too.



SAVES CURRENT . . . SAVES TIME

Triple Chrome finish, AC-DC, UL approved, 115 Volt 900 Watt, Lifetime element, Bakelite Handles, Portable.

Looks Better—Cooks Better And just

Reg. Value \$9.95

\$5.95

Add 75c shipping charge

11 W. 32nd St., N.Y. 1, N.Y. (Dept. AM6)

Health Insurance Plans For Aged Show Gains

New developments in health insurance will rapidly accelerate the recent substantial growth in the number of older people who have protection against medical care costs, according to a staff report of Health Insurance Association of America.

"The voluntary health insurance mechanism is prepared to exercise and employ all the facilities at its command to make available protection to all the population over age 65 who need and want such protection," J. F. Follmann Jr., HIAA director of information and research, said.

Seven Advancements: Here are seven recent developments in the health insurance business which have led to extension of protection to senior citizens:

- New issuance of individual insurance at advanced ages.
- New issuance of group insurance to older people who are members of various types of associations.
- Insurance coverage that becomes paid-up at age 65, thus enabling the policyholder to defray protection costs during his productive years.
- Continuation into the later years of individual insurance purchased at the younger ages.
- Continuation of insurance on older active workers under group plans.
- Continuation of group insurance for workers who retire and for their dependents, generally with part or all of the premium paid by the employer.
- Continuation on an individual basis of coverage which originally was provided by group insurance.

The HIAA report forecast that the proportion of older persons coming under the protection of health insurance will "continue on a rising trend

approaching the relative extent of coverage owned by the population at the younger ages."

Rate of increase: Today, 74% of the population under age 65 have some form of health insurance coverage, it noted, as compared to 30% of the population who had such protection at the beginning of 1947.

Citing data showing that the rise in coverage of the older aged averaged approximately 3% annually between 1952-57, the research document predicts:

"There is no presently observable reason why this rate of increase could not be assumed to be the minimal constant for the immediate future."

A relatively few years ago, the study revealed, most hospital policies sold to individuals terminated at age 65. "Currently, at least 10 large insurance companies offer policies which are guaranteed renewable for lifetime and this number should multiply significantly in the near future," it added.

60% by 1960: The report, estimating the potential of health insurance protection for the older aged, drew a base line of increase which indicated that 60% of all senior citizens who wanted or deemed themselves in need of such coverage would have it by 1960. This figure will rise to 63% in 1961; 75% in 1965 and 90% by 1970.

Actual growth, the report concludes, might well exceed this base line, which did not take into account such factors as increasing public awareness of the value of health insurance and "the very recent developments being brought about by all types of insurers and plans to expedite mass protection for the older aged."



NOMENCLATURE CODING is practiced (left to right) by Genevieve L. Shannon, St. Louis, Mo.; Eleanor Jalinka, St. Paul, Minn., and Loretta De Armand, St. Louis, at the 14th Institute on Standard Nomenclature of Diseases and Operations. Checking their work is Stephen S. Henkin, New York, an instructor at the AMA-sponsored institute.

Another Session Needed

Nomenclature Is Popular

The 136 people who attended the 14th Institute on Standard Nomenclature of Diseases and Operation at Chicago came to learn the latest developments in nomenclature and how to keep accurate records for doctor's uses.

A second institute has been scheduled for the Morrison Hotel, Chicago, May 11-13 to take care of the 110 people who were turned away. Other institutes are scheduled for Spokane, Wash., July 27-29, and Rochester, N.Y., Nov. 16-18.

"The Standard Nomenclature allows us to keep a diagnostic index on many diseases in a small space and the information is available for physicians doing research and for state reports," said Miss Gertrude Danaher, St. Marys, Ohio, who attended the institute. "Here we're taught how master codes go on forms. There are about 16,000 code number in the book, and hundreds of combinations are used in our work."

Medical secretaries, clinic clerks, medical record librarians, medical record technicians, and nurses from 13 states attended the Chicago institute. They were given certificates of attendance.

Dr. Edward T. Thompson, editor of the Standard Nomenclature, taught anatomy, physiology, and pathology as used in the book. Mrs. Adaline C. Hayden, associate editor, taught installation of the nomenclature and its basic principles.

Practice sessions in coding were held each evening for the students.

Heart Association Sets June Deadline

A deadline of June 12 has been set for submission of abstracts of papers to be presented at the Scientific Session of the 1959 American Heart Association Meeting, Oct. 23-27, in Philadelphia.

AHA announced that papers intended for presentation must be based on original investigation in, or related to, the cardiovascular field.

Official forms for submitting abstracts may be obtained from: Dr. F. J. Lewy, American Heart Assn., 44 E. 23rd St., New York 10, N.Y.

Over-65 Plan Is Nationwide

Mutual of Omaha has put the over-65 insurance plan on a nationwide basis.

The company is offering hospital-surgical convalescent nursing home insurance for all persons age 65 and over on a national basis regardless of the past or present health of the senior citizen.

This is the first time in insurance history such a plan has been offered nationally, V. J. Skutt, the company's president said.

"Medical and legislative groups have asked for senior age protection without regard to the health history of the insured," Skutt said. "They have also asked that this protection be extended from coverage just in hospitals to include convalescent and nursing homes. Further, they have made clear that the major problem is guaranteeing the right of the insured to keep this policy regardless of the number of times it is necessary for him to receive benefits. Our Senior Security Plan fulfills all of these requirements."

Because the plan is like group insurance, there is no health questionnaire or exam required. Also, the policy cannot be canceled nor can the premiums be raised unless similar action is taken on all policies in the group.

The premium is a flat \$8.50 a month and there is no maximum age limit. Present enrollment period ends April 6, 1959.

354 MD Members

The Dallas (Texas) Chamber of Commerce, world's largest in number of members, also has more physician members than any other chamber of commerce. Chamber President L. T. Potter said 354 physicians are Chamber members and saluted these men as "Alert to the needs of a growing community and willing to help its development."

Medicare, AMA Plan Meetings

AMA's Committee on Federal Medical Services has arranged liaison with Medicare officials through four meetings yearly. The meetings were approved by AMA's Council on Medical Service.

The committee asked for the meetings to be able to inform state committees on Medicare developments. Brig. Gen. Floyd L. Wergeland, Medicare director, endorsed the meetings, saying many problems that arise are the joint concern of the medical profession and of Medicare.

He suggested that as much as \$500,000 could be saved yearly if physicians would read carefully claim forms and include diagnoses before submitting them, and would submit bills promptly. More than 90% of all bills are sent to Medicare five months or longer after treatment is completed, he explained.

Printing

EVERYTHING
FOR THE
DOCTOR'S
OFFICE

STATIONERY
RECORDS
FILING SUPPLIES
BOOKKEEPING SYSTEMS

FROM THE HOME OF

HISTACOUNT

PRODUCTS

PROFESSIONAL
PRINTING COMPANY, INC.
NEW HYDE PARK, N. Y.

*America's Largest Printers
to the Professions EXCLUSIVELY!*

SAMPLES AND CATALOG
SENT FREE ON REQUEST!

Tax Series, Part 7

Pensions and Trusts

(Editor's note: This is the concluding article in a seven part series intended to give physicians useful information and tips in preparing their 1958 income tax returns.)

Physicians practicing independently or as members of a partnership may establish a pension plan, trust, or a profit-sharing trust for their employees—nurses, assistants, technicians, etc.

However, as employers, these physicians are themselves ineligible to reap the tax advantages of these arrangements.

Pension and profit-sharing retirement plans and trusts have provided a substantial tax advantage to employees, particularly executives, which is unavailable to self-employed persons.

For example, even where profits are available to pay salary increases and bonuses to executives, personal income taxes may absorb most of the added compensation.

However, under a tax-exempt, profit-sharing trust, the employee is not taxed until his share in the trust is paid out, and generally it is taxed at lower, long-term capital gain rates.

Employer: The physician-employer does get to take an income tax deduction on his contribution to a profit-sharing trust up to an average of 15% of the payroll.

In this way, a substantial portion of the physician-employer's contribution to a profit-sharing trust is salvaged from money that otherwise would be paid in taxes.

Incorporation: In a few states, persons may legally form a corporation for the practice of medicine.

Some physicians in these states, by incorporating their practice, have become employees of a corporation and thus are able to benefit from a pension plan or profit-sharing trust.

However, state laws generally bar physicians from the corporate practice of medicine even where ownership of corporate stock and management is held exclusively by physicians.

Associations: Some doctors who previously practiced in medical partnerships have acquired employee status by organizing themselves into "unincorporated associations."

As such, they are taxed as corporations (and also individually on compensation received from the association) if the actual characteristics of the organization substantially conform to that of a corporation.

These associations for purposes of income tax are treated as corporations. They have the following advantages:

- Physicians engaged in the association are provided with a mechanism whereby medical fees can be used on a tax deferred basis to provide retirement and death benefits.

- Physicians, after paying income taxes at the 30% corporate rate instead of the frequently higher personal rates, can accumulate funds for the purchase of equipment or other property, or the establishment of cash reserves.

- Associations are permitted to accumulate a portion of its earned surplus to be used for possible expansion or for legitimate business reasons.



- Charitable contributions in excess of the 5% limitation may, subject to certain limitations, be carried over to each of the two succeeding taxable years.

Salaries: Salaries paid by a corporation are allowable as a deduction to the extent that they are "reasonable" in amount. Since income is derived from personal services, this ordinarily should not pose a problem.

Nevertheless, a competent tax advisor should be employed to guide any association which is taxable as a corporation in its salary determination.

Distributions from profits which are not paid as compensation are subject to double taxation—to the association as profits and the recipient as corporate dividends.

Alternative: Physicians who are interested in the advantages of a corporation but who do not consider medical practice through an unincorporated association feasible, may find it practical to form a corporation for the ownership of a laboratory, x-ray facility, or a medical office building.

Such corporations may employ non-professional personnel in connection with these facilities and sell services to the medical partnership at a reasonable profit.

MDs Get Good News on Taxes

There is good news for physicians in a recent Tax Court decision involving Dr. John S. Watson, an internist, of Columbus, Ohio.

The decision, rendered last Feb. 18, broadened the concept of graduate education for physicians which may be considered as deductible.

Dr. Watson, after engaging in practice for three or four years, took a specialized course in analysis and the techniques of psychiatry.

In 1954 and 1955, Dr. Watson incurred expenses for the course fees, travel, lodging, and meals away from home. He deducted the expense under a regulation which states that deductions for education may be made if the study is undertaken primarily for maintaining or improving skills required by the taxpayer in his employment or business.

The Revenue Commissioner contended the expenses were not ordinary, as it was not proven that it is customary for a person in general practice to take a specialized course in analysis and psychiatric techniques.

The Tax Court, however, rejected this argument stating that "many physicians ordinarily continue to enlarge their medical education after their fundamental training has been completed and their practice of medicine has begun."

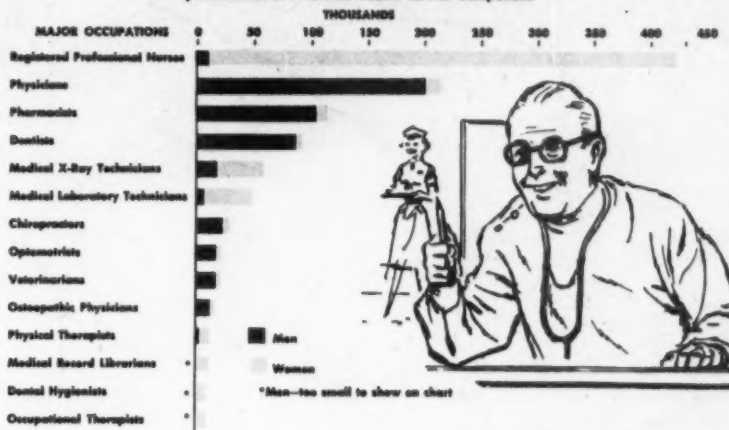


AMA News
"Man, what a chest cold!"

HEALTH SERVICE OCCUPATIONS

A growing field of employment for both men and women

More than 1 1/4 million people are employed in professional and related health service occupations



AMA News Graphichart

Sources: Occupational Outlook Handbook, 1957 Edition.
Bureau of Labor Statistics Bulletin No. 1218.

Award Creates Understanding

Mrs. Judy Bonner, medical writer for the *Dallas Times-Herald*, is the winner of the 1958 Anson Jones Award for outstanding lay medical reporting.



Mrs. Bonner

The award is given by the Texas Medical Assn. and Mrs. Bonner will receive \$250 and a bronze plaque at the TMA annual session April 20 at San Antonio.

"We believe this award has done perhaps more than any one single effort

to create understanding between the newspapers and physicians, more and accurate medical reporting, and many new friends for medicine," said Dr. Joe R. Donaldson, Pampa, chairman of TMA's Committee on Public Relations. The committee judged the entries.

The award is sponsored through county medical societies who, with newspapers, nominate entries for the award. This is the third year the Jones award has been made.

Two new features in 1958 are \$100 to second place winner, Blair Justice of the *Fort Worth Star-Telegram*, and \$50 to the third place winner, Miss Marjorie Clapp of the *San Antonio Light*.

7 LOW-PRICED STOCKS

That could well be Tomorrow's Blue Chips!

Anyone who can pick tomorrow's blue-chip stocks out of the long list of low-priced stocks on the market today is either lucky or a genius. Our staff of financial experts, constantly entrusted with the responsibility of making definite recommendations to thousands of our regular subscribers, claims neither luck nor genius. Yet there are many hidden "road signs" that point the way to prosperity and growth in any business.

Our staff has just compiled a list of Low-Priced Stocks (from more than 500 under study) that we think have "blue-chip" possibilities in the future. Seven of these seem to offer rare promise of profits to come and are especially recommended. One is in the fast-growing drug field; a second is in the dynamic TV-electronics industry; a third in the promising air transport industry; another is an outstanding farm equipment speculation.

Sent To You When You Mail Us the Coupon Below:

By mailing us the coupon below with only \$1, you will get this important list of 7 LOW-PRICED STOCKS, as well as a 30-day Trial Subscription to our Dow Theory Forecasts Weekly Investment Service (Reg. price \$50 a year). Here is a chance to have delivered to your home or office the one service basing its investment counsel largely on the famed Dow Theory which has "called the turn" 9 times out of 10 since 1896! Also in-

cluded with the Service is our Master List of Stocks for Investment, Recommended Stock Portfolios for Large and Small Investors, Special Industry Reports and the Market Advisory Service Consensus (what 14 other leading investment services are recommending). No salesman will call. No other obligation. This offer open to new trial subscribers only.

DOW THEORY FORECASTS, INC.

919 No. Michigan Ave., Dept. AM 3-23, Chicago 11, Illinois

I enclose \$1 as payment in full. Please enroll me as a trial subscriber to Dow Theory Investment Forecasts. Also send, at no charge, Stock Service Digest, Current Business Outlook and Master List of Stocks.

NAME.....

ADDRESS.....

CITY..... ZONE..... STATE.....

Cadillac



A Wonderful Story... Told in Silence!

There are many ways, certainly, to describe the quality of the great Cadillac car.

But we think no one tells the story quite as well—or quite as convincingly—as the car itself.

And how does a Cadillac put it? Well, the next time you are in the "car of cars"—just listen!

Listen, for instance, to its absolute freedom from vibration. Here, it says, is the kind of craftsmanship that can only have come from years of devotion to the very highest quality ideals.

Then, listen to its freedom from wind noise. Here, it says, is perfection in styling—as scientifically sound as it is majestically beautiful.

Or listen to the incredible quiet of that great engine. Here, it says,

is truly masterful engineering—with every phase of the car's performance working in perfect harmony.

And listen to the marvelous manner in which it closes out the sound of city traffic. Here, it says, you will find perfect serenity throughout the longest of journeys—a wonderful sanctuary in a busy world.

Yes, just listen—and we think you'll agree that the Cadillac story is never more eloquent than when told by the "voice" of its own silence.

In fact, we earnestly suggest that you visit your authorized Cadillac dealer very soon—and spend an hour or so in the driver's seat.

You will find that your dealer is long practiced in the art of satisfying a motorist's personal needs and requirements—and he will make you his welcome guest at any time.

VISIT YOUR LOCAL AUTHORIZED CADILLAC DEALER

Every Window of Every Cadillac is Safety Plate Glass

